

Pinderfields Hospital PRU
The Wrenthorpe Centre



Headteacher: Helen Mumby

Details of Pupil

Surname

Date of birth:

Forename

Male/Female

Full Postal Address

Post Code

Telephone Number

home:

mobile:

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in order you wish them to be contacted in an emergency.

Christian Name	Surname
Relationship to child	Additional contact No.
Home address (if different from child)	Mobile
	Work

Christian Name	Surname
Relationship to child	Additional contact No.
Home address (if different from child)	Mobile
	Work

Christian Name	Surname
Relationship to child	Additional contact No.
Home address (if different from child)	Mobile
	Work

Ethnicity (please tick)		home language (please tick)		Religion (please tick)		
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
WBRI	British		ENG	English	CE	Church of England
WIRI	Irish		GRE	Greek	CHR	Other Christian
WIRT	Traveller of Irish Heritage		GUD	Gudjurathi	GRE	Greek Orthodox
WOTH	Any other white background		HIN	Hindu	HIN	Hindu
WROM	Gypsy Roma		ITA	Italian	JEV	Jehovahs Witness
MWBA	White & Black African		OTH	Other	JEW	Jewish
MWAS	White & Asian		PAN	Punjabi	MTH	Methodist
MOTH	Any other mixed background		POR	Portuguese	MUS	Muslim
AIND	Indian		SPA	Spanish	NON	No religion
APKN	Pakistani		TUR	Turkish	RC	Roman Catholic
ABAN	Bangladeshi		URD	Inclassified	SIK	Sikh
OOTH	Any other Ethnic group		UNC	Urdu	UNC	Unclassified

Previous schools attended

Medical Information

Name/Type of medication (as described on the container)

Please let us know if this medication is taken in school time so that we can make sure it is administered safely.

Additional Information eg. allergies

GP

Name:	Tel No:
Address:	

Hospital Consultant/CAMHS

Name:	Tel No:
Address:	

Social Worker

Name:	Tel No:
Address:	

AUTHORISATION

I hereby authorize a member of the Pupil Referral Unit staff to consent to such medical treatment which, in the opinion of a qualified medical practitioner, may be necessary for my child.	YES / NO
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I give permission for my child to be taken on PRU journeys	YES / NO
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To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child. Please answer the questions below, then sign and date the form where shown and return the completed form to the school.

Please circle your answer

May we use your child's photograph in the school prospectus and other printed publications that we produce for promotional purposes?	YES / NO
May we use your child's image on our website?	YES / NO
May we record your child's image on video or webcam?	YES / NO
Are you happy for your child to appear in the media?	YES / NO
Are you happy for the continued use of the above choices once your child has left PHPRU?	YES / NO

Signed **Date**

Data Protection Act 1998

Pinderfields Hospital Pupil Referral Unit is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and The School Standards and Framework Act 1998. This data may be shared with The City of Wakefield Metropolitan District Council and other agencies that are involved in the health and welfare of school children.