

Pupil Record Sheet

For office use only
Date Admitted:
B/C seen:
UPN:
SIMS Input date:
Entered by:

A. PUPIL INFORMATION			
CHILDS LEGAL SURNAME		CHILDS LEGAL FORENAME AND MIDDLE NAME	
PREFERRED FIRST NAME (If different from above)			
DATE OF BIRTH		Male <input type="checkbox"/>	Female <input type="checkbox"/>
HOME ADDRESS (Including Post Code)			
HOME TELEPHONE NO.		WITH WHOM DOES CHILD LIVE? (Father, Mother, Both etc.)	
B. PARENT INFORMATION			
Please give details of all persons who have parental responsibility. Please put in order you wish to be contacted in an emergency. If applicable, please indicate by * the custodial parent. We require by law to request this information. Details of Court Orders in respect of the child should be sent in a separate letter.			
1. FULL NAME (Mr/Mrs/Miss/Ms/Other)		Mobile Telephone No.	
Relationship to child		Home Telephone No.	
Home Address (If different from child)		Work Telephone No.	
EMAIL ADDRESS			
2. FULL NAME (Mr/Mrs/Miss/Ms/Other)		Mobile Telephone No.	
Relationship to child		Home Telephone No.	
Home Address (If different from child)		Work Telephone No.	
EMAIL ADDRESS			
C. OTHER LOCAL EMERGENCY CONTACT INFORMATION			
Please give another daytime contact in case of emergencies.			
3. FULL NAME (Mr/Mrs/Miss/Ms/Other)		Mobile Telephone No.	
Relationship to child		Home Telephone No.	
Home Address (If different from child)		Work Telephone No.	
4. FULL NAME (Mr/Mrs/Miss/Ms/Other)		Mobile Telephone No.	
Relationship to child		Home Telephone No.	
Home Address (If different from child)		Work Telephone No.	

D. GP / SURGERY CONTACT INFORMATION

GP/Surgery/Tel. No.	
I give permission for school to TAKE MY CHILD TO HOSPITAL IN AN EMERGENCY	Please tick <input type="checkbox"/>

E. HEALTH / MEDICAL INFORMATION/DIETARY NEEDS

Information about your child's health and any other medication your child is on including allergies, asthma, epilepsy, diabetes, colour blind etc.

HEALTH AND MEDICAL INFO. OR CONDITIONS		CARE PLAN (Please tick if your child currently has a care plan).	
DIETARY NEEDS (Vegetarian, halal, food allergies etc.)		Does your child have Special Educational Needs? If YES please specify.	

F. ETHNICITY

We require information of your child's ethnic origin, not his/her nationality. For example, the ethnic origin of a child whose family comes from Somalia may be Somali – but this child may have British Citizenship or Nationality. People's ethnic origin is sometimes complex – but it often involves shared experiences with others from the same ethnic group, such as originating from the same place, or having the same religion and language. Please tick appropriate box.

White British		White Irish		White Eastern European		White + any other Asian Background		Any other White background	
White and Black African		White and Black Caribbean		White and Pakistani		Traveller of Irish Heritage		Any other mixed background	
Indian		Bangladeshi		Other Black African		Black Caribbean		Any other Black background	
Pakistani		Chinese		Yemeni		Somali		Any other Asian Background	
Gypsy / Roma								Any other Ethnic Group	

Home Language		Religion:	Christian <input type="checkbox"/> Muslim <input type="checkbox"/> No Religion <input type="checkbox"/> Other <input type="checkbox"/>
First Language		English additional Language:	Yes <input type="checkbox"/> No <input type="checkbox"/>
National Identity: Eg. British/Scottish/Other		Asylum Status:	Asylum seeker <input type="checkbox"/> Refugee <input type="checkbox"/>
Country of Birth Eg. UK/Spain/Poland		Nationality Eg. UK/Spain/Poland	
Previous schools/Nursery attended:			
Travel to school by:	Bus <input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Cycle <input type="checkbox"/> other		
Does Anyone With Parental Responsibility Work For The Armed Forces?			

Please save a copy of this form for your own records. If any of the details on this form change then please complete the relevant section and send to the school office.

G. DECLARATION

This information will be held by us in compliance with the General Protection Data Regulation (GDPR) for the safeguarding of the children in the setting. It may be passed on to other bodies e.g. the Local Authority, Ofsted or other appropriate agencies as required to fulfil our obligations under our Ofsted registration.

PRINT			
SIGNATURE		Date:	

Woodseats Primary School

CHILDS NAME		CLASS	
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H. PARENTAL PERMISSION FOR LOCAL TRIPS / VISITS

From time to time we take the children on local visits, for example to the Park, to the library or to the Church.

Our definition of 'local trip' in this sense would be one that

- is within easy walking distance
- takes place wholly within the school day (i.e. not running over past 3.30 p.m.)
- has no cost attached

For such visits we ensure at least two adults accompany the group and that careful supervision is provided. In order to take children with us we do need parental permission. However, it is time-consuming to continually send out permission slips and some of the visits are organised at very short notice.

It would be very helpful to us if you could complete and return the attached slip giving permission for your child to be included in these types of visits as they arise. If you have any concerns or queries do contact the office, or your child's teacher.

I give permission for my child to participate in educational visits.

PRINT NAME			
SIGNATURE		Date:	

I. PHOTOGRAPHS IN SCHOOL AND ON SCHOOL WEBSITE

In line with 'Safeguarding Children in Education' regulations and also in line with GDPR, the school needs to have permission for children to be photographed in school for any reason, particularly in the following circumstances:

1. Displays within school
2. School prospectus brochure
3. School website
4. Residential and/or school day trips
5. For publication in newspaper articles relevant to the school

Could you please return the slip below A.S.A.P.

I'm sure you can appreciate the importance of these procedures to ensure every child's safety in school.

Thank you for your continued support.

I give permission for my child's photo to be used.

Please note that you can withdraw your consent at any time by contacting the school.

I give permission for my child's photographic or video image to be made available by the school on either the school website, in printed publications or other media for educational purposes only.

PRINT NAME			
SIGNATURE		Date:	