



Wheatfield Primary School

'Inspired to Achieve'

Pupil Record Sheet

Please complete this form using block capitals

BASIC DETAILS / ADDRESS / TELEPHONE NUMBER				
Child's Surname	Child's Forename/s	Boy	Girl	Date of Birth
Address:		Postcode:		
		Tel No:		

FAMILY / HOME	
Full Name of Mother/Carer	Full Name of Father/Carer
Mrs/Ms/Miss	Mr
Home Address (if not as above)	Home Address (if not as above)
Post Code:	Post Code:
Mobile No:	Mobile No:
Work No:	Work No:
Home No (if not as above):	Home No (if not as above):
Email:	Email:
Other with Parental Responsibility / Absent Parent (please delete as appropriate)	
Name:	Relationship:
Home Address (if not as above):	
Home No (if not as above):	Post Code:
Mobile No:	Work No:
Other children in the family	
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

DIETARY NEEDS	
Does your child have any specific dietary requirements? If yes, please give details:	Yes/No
Additional Funding for Children	
This section is important as it is linked to additional funding that we can access if your child qualifies.	
Are you in receipt of Income Support?	Yes/No
Are you in receipt of Income-Based Jobseeker's Allowance?	Yes/No
Are you in receipt of Income-Related Employment and Support Allowance?	Yes/No
Are you in receipt of support under Part VI of the Immigration and Asylum Act 1999?	Yes/No
Are you in receipt of the guaranteed element of Pension Credit?	Yes/No
Are you in receipt of Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)?	Yes/No
Are you in receipt of Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit?	Yes/No
Are you in receipt of Universal Credit - if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)?	Yes/No
Has your child received Free School Meals at any point during their primary Schooling?	Yes/No
Does your child have a parent currently serving in the UK military?	Yes/No

MEDICAL NEEDS	
Does your child suffer from Asthma? If yes, please leave an inhaler in school with your child's teacher clearly marked with your child's name and dosage. Thank you	Yes/No
Does your child have a nut or other allergy?	Yes/No
If yes, has your child been prescribed an Epipen? If yes, please ensure that the school has two Epipen's on site at all times (one to be held in your child's classroom and one to be held in the school office).	Yes/No
Does your child have any other medical conditions which you wish the school to be aware of? If yes, please give details:	Yes/No
General Practitioner	
Family Doctor:	Tel No:
Address:	

ETHNIC/CULTURAL				
Please only use the choices available from the options below when answering these questions. Thank you.				
What is your child's ethnic group?				
What language does your child use at home?				
Is English an additional Language? (Please tick "yes" if your home language is not English.)	Yes / No			
What is your child's Asylum status?				
What is your child's National identity?				
What is your child's country of birth?				
What is your child's religion?				
Ethnic Group Options				
<i>Any other Asian background</i>	<i>Black African</i>	<i>Other Gypsy/Roma</i>	<i>White and Asian</i>	
<i>Any other Black background</i>	<i>Black Caribbean</i>	<i>Pakistani</i>	<i>White and Black African</i>	
<i>Any other Ethnic group</i>	<i>Chinese</i>	Roma	<i>White and Black Caribbean</i>	
<i>Any other Mixed background</i>	<i>Gypsy</i>	<i>Traveller of Irish Heritage</i>		
<i>Any other White</i>	<i>Gypsy/Romany</i>	<i>White British</i>		
Religion Options				
<i>Buddhist</i>	<i>Hindu</i>	<i>Muslim</i>	<i>Other Religion</i>	<i>Sikh</i>
<i>Christian</i>	<i>Jewish</i>	<i>No Religion</i>	<i>Refused</i>	

ADDITIONAL INFORMATION	
How does your child usually travel to school:	Walk / Bike or Scooter / Car / Taxi / Bus
What does your child usually have for lunch:	Hot Lunch / Packed Lunch (please circle)
Please use the section below to tell us about anything else which this form may not have asked, which you believe could help us to support your child as they begin their time at Wheatfield. Thank you.	

SAFEGUARDING	
If you would prefer to talk to our 'Family and Pupil Liaison Worker' about any of these questions, please let us know and we will arrange for her to call you.	
Does your family have an allocated social worker?	Yes/No
Has your family ever had an allocated social worker in the past?	Yes/No
Is your currently child subject to a child protection plan or a child in need plan?	Yes/No
Has your child ever been subject to a child protection plan or a child in need plan?	Yes/No
Are there any family members who are not to have contact with your child and where a court order, or other legal document, is available to support this?	Yes/No

SCHOOL HISTORY	
Name of previous school:	Date left school:
Address:	Tel No:

INFORMATION ABOUT YOUR CHILD AS A LEARNER AND PERSON (IN YEAR ADMISSIONS ONLY)	
Your child as a learner and person – if you answer ‘yes’ to any of these questions, please try to provide enough detail to help us settle your child into our school.	
Are you aware that your child has any Special Educational Need or Disability? If yes, please describe what this is and how it affects your child. If you would prefer to discuss this, in person, with our SENCO, please indicate this.	Yes/No
As far as you are aware, has your child ever received any additional support for learning?	Yes/No
Does your child ever have any difficulties with friendships e.g. finds it hard to make friends, is very shy, often complains that they have no one to play with?	Yes/No
Does your child suffer from any sort of anxiety?	Yes/No
Are there any areas of the curriculum where you are concerned about your child’s progress?	Yes/No
Are there any areas of the curriculum where you feel your child excels?	Yes/No
Are there any clubs your child was part of at their previous school which you would wish them to continue at Wheatfield? This may include music lessons. Wherever possible, we will try and ensure this provision can continue.	Yes/No

IMPORTANT INFORMATION AND PARENTAL DECLARATIONS				
Child’s Surname	Child’s Forename/s	Boy	Girl	Date of Birth
<input type="checkbox"/>	I/We have received a copy of the Parent’s Handbook (please see the “Parents” page of our website) and read and understand the Parent/Carer Acceptable Use of IT Policy (please see the “Our School – Policies” page on our website).			
<input type="checkbox"/>	I have provided the school with sight of my child’s passport or birth certificate so that they can verify my child’s name and date of birth.			
<input type="checkbox"/>	I have completed a consent form for my child.			
We must be in receipt of this form before your child starts school. The information within the form is extremely important to us.				
Signed:			Date:	

