

St Andrew's Primary School

PUPIL PERSONAL INFORMATION

LEGAL SURNAME		PREFERRED SURNAME	
LEGAL FORENAME		PREFERRED FORENAME	
MIDDLE NAME(S)		GENDER	Male / Female
BIRTH CERTIFICATE SEEN?		DATE OF BIRTH:	___/___/___
HOME ADDRESS including post code			

PARENT INFORMATION

* Please indicate at which address(es) the pupil normally resides (i.e. sole or shared residency) using the tick box

MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY		Yes / No	
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME:	WORK:	MOBILE:	
NATIONAL INSURANCE NO					
E-MAIL ADDRESS					

FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY		Yes / No	
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME:	WORK:	MOBILE:	
NATIONAL INSURANCE NO					
E-MAIL ADDRESS					

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) if so please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		RELATIONSHIP TO CHILD		PARENTAL RESPONSIBILITY	Yes / No
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME:	WORK:		MOBILE:

CONTACT INFORMATION – IN PRIORITY ORDER Attach an extra sheet if necessary

Please provide below **ANY** other names of people who can be contacted by school in emergency, underlining the main contact number.

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					
TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

Parent in Armed Forces YES/NO

Is your child adopted YES/NO

Has your child ever been in Care of Local Authority/under a SGO YES/NO

MEAL TYPE (please circle one only) School Meal (paid) Free School Meal Packed Lunch

Has your child ever been on Free School Meals? YES/NO

MEDICAL INFORMATION – Attach an extra sheet if necessary

NAME OF DOCTOR:		NAME AND ADDRESS OF PRACTICE:	
MEDICAL CONDITIONS/ DIETARY REQUIREMENTS:			

ETHNICITY _____ RELIGION _____

NATIONALITY _____ COUNTRY OF BIRTH _____

IS ENGLISH THE CHILD'S FIRST LANGUAGE? YES / NO
 IF NO, PLEASE INDICATE LANGUAGE SPOKEN _____

PREVIOUS SCHOOL / NURSERY INFORMATION – IF APPLICABLE (use extra sheet if necessary)

Previous School, Nursery etc			
From	/ /	To:	/ /

Do you give permission for your child’s photograph to be used in school publications (including our website), Facebook, Twitter and also in the local press. YES / NO

Do you give permission for your child to take part in school trips as part of their curriculum activities? This includes off site trips into the locality eg: local schools, parks, church & library etc YES / NO

PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH GENERAL DATA PROTECTION REGULATIONS (GDPR). FOR MORE INFORMATION ABOUT HOW WE USE YOUR CHILD’S DATA PLEASE REFER TO OUR DATA PROTECTION POLICY AND PRIVACY NOTICE ON THE SCHOOL WEBSITE

Signature _____ Date _____

Name (please print) _____ Relationship to child: _____

This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information. Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies.