|  |  |
| --- | --- |
| SURNAME | FIRST NAMES |
| CHOSEN NAME |
| DATE OF BIRTH | MALE/FEMALE |
| ADDRESS |
| POSTCODE |
| MOTHER | FATHER |
| FULL NAME………………………………………………………………..……………………………………………………………………………….HOME PHONE NUMBER………………………………………………..MOBILE PHONE NUMBER……………………………........................HOME EMAIL……………………………………………………………..HOME ADDRESS (If different to above)……………………………….……………………………………………………………………………………………………………………………………………………………… | FULL NAME………………………………………………………………..……………………………………………………………………………….HOME PHONE NUMBER………………………………………………..MOBILE PHONE NUMBER……………………………........................HOME EMAIL……………………………………………………………..HOME ADDRESS (If different to above)……………………………….……………………………………………………………………………………………………………………………………………………………………. |
| GUARDIAN/CARER |  |
| FULL NAME…………………………………………………………………………………………………………………………….. | HOME ADDRESS (If different to above)……………………………………………………………………………………………. |
| PLEASE GIVE DETAILS OF ANY OTHER RELEVANT INTFORMATION ABOUT FAMILY CIRCUMSTANCES (E.G. SEPARATION) |
| PLEASE GIVE DETAILS OF ANY OTHER CHILDREN IN THE FAMILY |
| NAMES | DATES OF BIRTH | CURRENT SCHOOL |
|  |  |  |
|  |
| DOES THIS CHILD HAVE A PARENT/GUARDIAN WORKING WITH THE MILITARY SERVICES? | YES / NO |
| IS THIS CHILD ADOPTED FROM CARE? | YES / NO |

|  |
| --- |
| DOCTORS |
|  NAME AND ADDRESS ………………………………………………………………………………………………………………………………………………………………………………………………………………….PHONE NUMBER………………………………………………………… |

|  |
| --- |
| SPECIAL EDUCATION NEEDS |
| DOES YOUR CHILD HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEEDS OR AN EDUCATIONAL HEALTH CARE PLANYES / NO  |
| DO YOU CONSIDER YOUR CHILD TO HAVE ANY SPECIAL EDUCATIONAL NEEDS, HEALTH CARE NEEDS OR ANY DISABILITY THAT YOU BELIEVE COULD HINDER THEIR SCHOOL LIFE?YES / NOIF YOU ANSWER YES THEN PLEASE ASK FOR A HEALTH AND DISABILITIES FORM FROM THE SCHOOL OFFICE. |

|  |
| --- |
| ADDITIONAL INFORMATION |
| ETHNICITY |  |
| RELIGION |  |
| FIRST LANGUAGE |  |
| SECOND LANGUAGE (IF ENGLISH IS 2ND LANGUAGE THEN PLEASE STATE HOW PROFICIENT) |  |
| NATIONALITY |  |
| COUNTRY OF BIRTH |  |

|  |
| --- |
| PLEASE USE THIS SPACE TO ENTER ANY PREVIOUS SCHOOLS OR NURSERY SETTINGS THAT YOUR CHILD HAS ATTENDED- MOST RECENT FIRST |
| DATES | NAME OF SETTING |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**CONTACT INFORMATION**

**NAME OF CHILD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Details of people with parental responsibility (continue overleaf if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title (Mr/Mrs/Ms) | Name | Address  | Relationship to Pupil | Email address |
|  |  |  |  |  |
|  |  |  |  |  |

Names of anyone, other than those named with parental responsibility, who may bring or collect the child from school

|  |  |
| --- | --- |
| 1 | 2 |
| 3 | 4 |

|  |
| --- |
| **Name of anyone who is prohibited contact and on what grounds (ie Court Order or similar document, we would need to see documentation) (Please indicate what the school should do if contacted by this person)** |

Emergency contact names and phone numbers in priority order, with principal carers first please (in case we need to send your child home, contact in case of illness or accident, or question access or collection)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Home phone | Work phone | Mobile |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Signature/s of principal carer/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Visits Consent**

During their time at our school, children will take part in work about the local environment which will involve occasional visits around the village. They will of course be appropriately supervised at all times and we will always inform you in advance if such a visit is to take place.

I give consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take part in visits around (name of) village throughout his/her time at (name of school). I also give consent for him/her to travel by coach to events and activities arranged by his/her teacher at other schools in the Thurston Pyramid.

### Media Consent

We are occasionally asked for permission to use children’s photographs in various publicity/news items and on the school website. The children will not be identified by name.

|  |  |  |
| --- | --- | --- |
| **Please indicate your preference below.** | Publicity/News | Web Site |
| I give permission for my child’s photograph to be used if required. |  |  |
| I **do not** give permission for my child’s photograph to be used. |  |  |

**Consent for Acceptable use of the Internet for Educational Purposes**

|  |  |
| --- | --- |
| **Please indicate your preference below.** |  |
| I give permission for my child to have access to suitable internet sites. |  |
| I **do not** give permission for my child to have access to suitable internet sites. |  |

**Food Allergies**

Occasionally children may sample different foods as part of a class topic. If you do not wish your child to do so or your child is allergic or intolerant to a particular type of food or drink please indicate below:

|  |  |
| --- | --- |
| I give permission for my child to sample different foods as part of a class topic if necessary. |  |
| I **do not** give permission for my child to sample different foods as part of a class topic. |  |
| I give permission for my child to sample different foods as part of a class topic, however please note the allergies below:  |  |
| **My child is allergic/intolerant to:** |

**Privacy Notice –**

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_