



Pupil Personal Details Form

All the information requested on this form is to enable the school to keep your child safe and to complete the statutory census return to the Department of Education.

Please complete this form in full (PLEASE PRINT). If you have any questions about the form please do not hesitate to contact the School Office on 917 9881.

CONFIDENTIAL

SECTION 1: PUPIL PERSONAL INFORMATION

Legal First Name:	
Middle Name	
Chosen Name: (if different from Legal name)	
Legal Surname:	
Known as Surname: (if different from Legal name)	

Home Address:	
Postcode:	

Date of Birth:		Male/Female:	
Position in family: (e.g. 1/3 would be the eldest of 3 children)			
Siblings: Name(s) & Date(s) of Birth			

SECTION 2: PARENT/CARER/GUARDIANSHIP INFORMATION

Parental Responsibility

Joint		Mother		Father	
Court Order		Looked After			

Family Circumstances

If applicable please provide further information regarding family circumstances / living arrangements/ access information / residency orders / adoption, etc.	
---	--

Contact Details

Please complete the details below for the Mother and Father **even if they are not to be contacted in an emergency.**

Mother

Title:		First Name:							
Surname:					First Language:				
Emergency Contact: (please tick one box)	Yes		No		Contact Priority: (please tick one box)	1	2	3	4

Address:					
Telephone Numbers:	Mobile:				
	Home/Work:				
Email address:					

Job role:					
Please tick if you are classed as a 'key worker':		Please tick if a member of the Armed Services			

Father

Title:		First Name:							
Surname:					First Language:				
Emergency Contact: (please tick one box)	Yes		No		Contact Priority: (please tick one box)	1	2	3	4

Address:									
Telephone Numbers:	Mobile:								
	Home/Work:								
Email address:									

Job role:									
Please tick if you are classed as a 'key worker':		Please tick if a member of the Armed Services							

Other Emergency Contacts

Emergency contacts are normally the Parents/Step-Parents/Carers/Guardians or any other named person that school may contact if a pupil becomes ill during the school day or for any other types of emergency.

NOTE – Please include Nursery or child minder details, if appropriate.

Contact Name:	Mr/Mrs/Miss/Ms			
Address:				
Telephone Number:				
Relationship to pupil:				
Contact Priority: (please tick one box)	1	2	3	4

Contact Name:	Mr/Mrs/Miss/Ms			
Address:				
Telephone Number:				
Relationship to pupil:				
Contact Priority: (please tick one box)	1	2	3	4

SECTION 3: MEDICAL INFORMATION

Doctor's Name:		Telephone:	
Address:			

Medical Information: Please specify any serious illness, medical conditions, disabilities, etc.	
--	--

Input from Speech & Language/ Health Visitor, etc.	
---	--

My child was born prematurely, i.e. before 37 weeks:	Yes		No	
--	-----	--	----	--

I confirm that I have read and understood the School Medicines for Self-Care Policy:	Yes		No	
--	-----	--	----	--

SECTION 4: OTHER PUPIL INFORMATION

Dietary Requirements:

- ☐ None ☐ Vegetarian ☐ No Fish
☐ No Beef ☐ No Pork ☐ Kosher ☐ Halal

Please Note: The dietary requirements listed below will need a letter of support from your doctor or dietician

- ☐ Gluten Free ☐ Peanut Allergy ☐ No Dairy
☐ No Eggs ☐ Seafood Allergy ☐ Artificial Colouring Allergy

Please specify any other allergies:	
-------------------------------------	--

Milk Requirements:

My child does drink milk ☐ Yes ☐ No

SECTION 5: CULTURAL / ETHNIC INFORMATION

First Language:		Home Language:	
Country of Birth:		Nationality:	

Ethnicity (please tick)

- | | | |
|--|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Indian | <input type="checkbox"/> Black - African |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Black - Caribbean |
| <input type="checkbox"/> Gypsy/Roma | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other Black |
| <input type="checkbox"/> Traveller Irish Heritage | <input type="checkbox"/> Chinese | <input type="checkbox"/> White & Black African |
| <input type="checkbox"/> Any other White | <input type="checkbox"/> Any other Asian | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Refuse to provide |
| <input type="checkbox"/> Any other Ethnic Group (please specify _____) | | |

Religion (please tick)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> No Religion | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other Religion (Please specify _____) |

SECTION 6: SCHOOL HISTORY

Please provide details of other pre-school groups/nurseries/previous schools, etc.	
--	--

For Office Use Only

Admission Date:		Class:	
-----------------	--	--------	--

In Catchment: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Direct Entry: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	CTF Received Via S2S: <input type="checkbox"/>	
		Date Records Requested:	
		Date Records Received:	

Birth Cert Seen: <input type="checkbox"/>	SIMs Updated: <input type="checkbox"/>	Class List: <input type="checkbox"/>	Record Card: <input type="checkbox"/>
Health File: <input type="checkbox"/>	Eaz Mag: <input type="checkbox"/>	Migration Report: <input type="checkbox"/>	Pupil Premium info requested: <input type="checkbox"/>