

Hamsterley Primary School Pupil Information Sheet

Section 1 Student's Details

Personal Details			
Surname			
Forename(s)			
Preferred Name			
Gender (Please tick one)	Female	<input type="checkbox"/>	
	Male	<input type="checkbox"/>	
Date of Birth (DD/MM/YYYY)			
Home Address & Postcode			

Previous Schools/Nurseries			
Names & Addresses of previous nursery/school(s)			
From DD/MM/YYYY			
To DD/MM/YYYY			

Does your child have a parent/carer in the Forces?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Name and Date of Birth of sibling(s) including step-siblings if appropriate:				

Does your child have Special Educational Needs?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

<p>Do you have consider your child to have a disability under the Equality Act 2010 definition:</p> <p><i>A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. 'Substantial' is more than minor or trivial and 'long-term' means 12 months or more. Although this condition may be managed with medication, please consider your child's life without the availability of medication.</i></p>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Does your child have a medical condition which requires medical treatment/considerations in school?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

In order to consider the need for an Individual Healthcare Plan please provide details below of any existing medical conditions:
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Does your child have any allergies which requires medical treatment/considerations in school?

Yes

No

Please provide further information below:

Name of Doctor

Address

Telephone Number

Intended Meal Arrangements (Please tick one)

School Meal (paid)

School Meal (free)

Home-Prepared
Packed Lunch

Lunch at Home

Does your child require any special food? (Please tick one)

Yes

No

Does your child need to avoid any foods? (Please tick one)

Yes

No

If Yes to either question, please provide details below:

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Ethnic Background

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child. Please also tick whether the form was filled in by a parent/carer or the pupil.

White

- British
- Irish
- Gypsy/Roma

- Traveller of Irish Heritage
- Any other White background, please write in :

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (*including Sri Lankan, Nepalese, African Asians etc*)

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese or Chinese British

-

Any other ethnic background

-

I do not wish an ethnic background category to be recorded

- **Completed by: Parent / Pupil**

Languages used within the family?

Home Language		
Language 2/ 3		

Section 2 Details of Parents/Carers

Name of Parent/Carer 1										
Relationship to child (Please Tick one)	Parent	<input type="checkbox"/>	Step Parent	<input type="checkbox"/>	Legal Guardian	<input type="checkbox"/>	Foster Carer	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
Home Address										
Workplace Name, Address and Telephone Number										
Primary Contact Number										
Second Contact Number										
Email Address										

Name of Parent/Carer 2										
Relationship to child	Parent	<input type="checkbox"/>	Step Parent	<input type="checkbox"/>	Legal Guardian	<input type="checkbox"/>	Foster Carer	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
Home Address										
Workplace Name, Address and Telephone Number										
Primary Contact Number										
Second Contact Number										
Email Address										
Please detail any court orders affecting access to your child?										

Section 3 Emergency Contact Details (in priority order)

Full Name 1	
Relationship to child	
Primary Contact Number	

Secondary Contact Number	
Full Name 2	
Relationship to child	
Primary Contact Number	
Secondary Contact Number	

Form Completed By (Print name)			
Signed		Date	