***PUPIL INFORMATION FORM***

***Please complete all sections of this form***

***IN BLOCK CAPITALS***

**PUPIL**

|  |  |
| --- | --- |
| Family Name: | First Names: |
| Boy/Girl: | Date of Birth: |
| Address:  Postcode: | Email Address:  Main Tel. No. |

|  |  |
| --- | --- |
| **Mother/Carers date of birth:** | **National Insurance No. (or Border Agency Ref. No.** |
| **Father/Carer’s Date of Birth:** | **National Insurance No. (or Border Agency Ref. No.)** |
| ***Please provide your National Insurance Number as we need this to check your child’s eligibility for additional school funding. Thank you.*** | |

**CONTACTS**

|  |  |  |
| --- | --- | --- |
| **PRIORITY** | **NAME/RELATIONSHIP & ADDRESS** | **CONTACT PHONE NUMBERS** |
| 1 | Name: | Home:  Mobile:  Work:  Email: |
| Address: |
| Relationship |
| 2 | Name | Home:  Mobile:  Work:  Email: |
| Address: |
| Relationship |
| 3 | Name: | Home:  Mobile:  Work:  Email: |
| Address: |
| Relationship |

|  |  |
| --- | --- |
| **Please tick this box if your household income is less than £16,190**  **(please share this information as the school may receive extra funding to help support your child)** |  |

**DIETARY NEEDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does your child have any special dietary needs? (please circle as appropriate)  Please note that Harrison Catering do NOT serve pork or beef as part of the school meals. Halal food is NOT provided, therefore pupils requiring Halal meat only will need to choose the vegetarian option if they choose to have school meals. | | | | | | |
| FISH ONLY | GLUTEN FREE | HALAL | KOSHER | NO BEEF | NO DAIRY | NO EGGS |
| NO FISH | NO NUTS | NO PORK | NO SOYA | SEAFOOD  ALLERGY | VEGAN | VEGETARIAN |
| Any other dietary information: | | | | | | |

**HEALTH NEEDS**

|  |  |  |  |
| --- | --- | --- | --- |
| ASTHMA | DIABETES | ECZEMA | EPILEPSY |
| HAYFEVER | HEARING ISSUES | NUT ALLERGY | INCONTINENCE  BED-WETTING |
| ALLERGY TO PENICILLIN | TRAVEL SICKNESS | TUBERCULOSIS | ARTHRITIS |
| MULTIPLE SCLEROSIS | EPIPEN | AUTISTIC SPECTRUM DISORDER | DENTAL ISSUES |
| EYE GLASSES | SIGHT ISSUES | OTHER ALLERGY |  |
| Any other health information: | | | |

1. **Disability**

The Disabilities Discrimination Act 1995 defines a person as having a disability if s/he “has a long term physical or mental impairment which has a substantial and long term adverse effect on her/his ability to carry out normal day-to-day activities”.

* “*substantial*” means more than minor or trivial.
* “*long term*” means that the effect of the impairment has lasted or is likely to last for at least twelve months.
* “*normal*” day-to-day activities” include everyday things like eating, washing, walking and going shopping.

|  |  |  |
| --- | --- | --- |
| Do you consider your child to have a disability? | Yes | No |
| I do not wish to record this information |  | |
| If yes, please provide details of the nature of the disability: | | |

1. **Medication In School/First Aid Treatment/Head Lice**

|  |  |  |
| --- | --- | --- |
| Will your child need to be given medicine in school? If so, please refer to school office for further information. The school will only agree to administer medicine in a few circumstances | Yes | No |
| I give permission for the above named child to receive simple First Aid treatment, if necessary | Yes | No |
| I give permission to school staff to inspect my child’s hair if they feel it is appropriate during any head lice infestation in school | Yes | No |

**GP**

|  |  |
| --- | --- |
| Surgery Name: | Telephone Number: |
| Surgery Address:  Doctor’s Name: | |

**PREVIOUS SCHOOL**

|  |  |
| --- | --- |
| Name: | Telephone Number: |
| Address:  Head teacher’s Name: | |
| Date of Joining: | Date of Leaving: |

**SAFEGUARDING**

|  |
| --- |
| Are there any issues that we need to be aware of in order to safeguard your child in school? *E.g. Adoption Order, Care Order, other Court Orders, contact issues, Educational Healthcare Plans (ECHP), Adoption Support Plans, Child Protection Plan, releasing pupils at the end of the day arrangements*. |

1. **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.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Afghan | OAFG |  | Japanese | | | OJPN |  |
| African Asian | AAFR |  | Latin/South/central American | | | OLAM |  |
| Any other Black background | BOTB |  | Pakistani | | | APKN |  |
| Any other Mixed background | MOTM |  | Other Asian | | | AOTA |  |
| Arab | OARA |  | Other Black African | | | BAOF |  |
| Bangladeshi | ABAN |  | Any other Ethnic Group | | | OOEG |  |
| Black - Caribbean | BCRB |  | Traveller of Irish Heritage | | | WIRT |  |
| Black – Ghanaian | BGHA |  | White | | | WOTW |  |
| Black – Nigerian | BNGN |  | White and Asian | | | MWAS |  |
| Black – Somali | BSOM |  | White and Black African | | | MWBA |  |
| Chinese | CHNE |  | White and Black Caribbean | | | MWBC |  |
| Gypsy – Romany | WROM |  | White – British | | | WBRI |  |
| Indian | AIND |  | White- Western European | | | WWEU |  |
| Iranian | OIRN |  | White – Irish | | | WIRI |  |
| Iraqi | OIRQ |  | White – Eastern European | | | WEEU |  |
| ***I do not wish this information to be recorded*** | | | REFU |  |

***Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Authority and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.***

|  |  |
| --- | --- |
| **First Language:** | *(A first language, other than English, should be recorded where a child was exposed to this language during early development and continues to be exposed to this language in the home or community.)* |

1. **Pupils Recently Arrived in the UK**

If your child has arrived in the UK within the last 12 months, please complete this section:-

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Arrival in UK | Day: | Month: | Year: |
| Arrived From: | | | |

1. **Religious and Philosophical Affiliation of Pupils**

If you are happy to give the school information about your beliefs, would you please look at the categories listed below and tick the appropriate box. Where parents are from different traditions, please tick the box appropriate to how your child is being brought up.

|  |  |  |  |
| --- | --- | --- | --- |
| Buddhist |  | Christian |  |
| Hindu |  | Jewish |  |
| Sikh |  | Muslim |  |
| Other Religion |  | No Religion |  |
|  |  | I do not wish to record this information |  |

1. **Model of Travel to School**

Please let know how you will be travelling to school in the morning and tick the appropriate box:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Public Bus |  | Car |  | Train |  |
| Dedicated School Bus |  | Car Share |  | Metro/Tram/Light Rail |  |
| Bus (type not known) |  | Bicycle |  | London Underground |  |
| Walk |  | Taxi |  | Other |  |

**Declaration:**

Please read the following declaration. We will not process your application if you do not attach the required documents noted below and sign and date this form. The school does not accept photocopies, please provide the original.

1. The information I have given on this form is complete and accurate to the best of my knowledge and belief.
2. I have attached documentary proof of birth for my child
3. I have attached documentary proof of home address (council tax bill, current utility bill, tenancy agreement or solicitor’s letter).
4. I understand that if I give false information or do not give complete information it may disadvantage my child’s application.

|  |  |
| --- | --- |
| **SIGNED**:  (Parent/Carer) | **DATED**: |

**Please turn over for Permission Slips**

**PERMISSIONS**

**PRACTICAL LESSONS AND ACTIVITIES**

Each academic year your child will be participating in class lessons and activities of a practical nature where it is anticipated that either materials or ingredients will be sought from home. Alternative, a charge may be made. In the case of any completed product, your child will bring it home.

There is no obligation to contribute and no pupil will be omitted from the activities. Separate letters will continue to be sent out for any day trips planned.

I agree to provide or pay for any materials or ingredients for practical lessons and I will be willing to make a contribution towards the cost of any proposed visit.

**LOCAL VISITS**

It is likely that your child will made various visits in the immediate locality (e.g. park, shops, library, other schools) during the course of their stay at Woodlands Academy.

The visit will be supervised in accordance with the Local Authority’s guidelines. All safeguards and risk assessments will be carried out.

Please give permission for your child to take part in these activities:-

Signed ……………………………………………… Dated: ……………….

(Parent/Carer)