

# Norden Community Primary School

Headteacher Linda Cotton

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School is required to hold certain information regarding pupils on a computerised system. To ensure that we have up to date information, please could you spare a few minutes to fill in the following details about your child. We also ask parents to notify school if any given details change in the future.

## GENERAL INFORMATION

(PLEASE PRINT AS SHOWN ON YOUR CHILD'S BIRTH CERTIFICATE)

LEGAL SURNAME: \_\_\_\_\_ LEGAL FIRST NAME(S): \_\_\_\_\_

MIDDLE NAME(S): \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER (MALE/FEMALE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

HOME TELEPHONE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

## DETAILS OF EVERY PARENT/GUARDIAN (of the child with legal responsibility)

(Birth parents usually have legal responsibility and this can only be removed and/or given to another person by a Court Order)

Full Legal Name	Address (inc Postcode)	Relationship to Child (eg Mother or Father)	Does child live at this address?	Telephone number (inc area code)

## PREVIOUS NURSERY/SCHOOL DETAILS

NURSERY/PLAYGROUP ATTENDED: \_\_\_\_\_

PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ATTENDED FROM (DATE): \_\_\_\_\_ TO (DATE): \_\_\_\_\_

PREVIOUS HOME ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_



**ETHNIC/RELIGIOUS DETAILS**

ETHNIC ORIGIN - PLEASE STUDY THE LIST BELOW AND TICK **ONE BOX ONLY** TO INDICATE THE ETHNIC BACKGROUND OF THE PUPIL OR CHILD NAMED ABOVE.

**A) WHITE**

❖ BRITISH	
❖ Irish	
❖ Traveller of Irish Heritage	
❖ Gypsy/Roma	
❖ Any other White Background	

**B) MIXED**

❖ White & Black Caribbean	
❖ White & Black African	
❖ White & Asian	
❖ Any other mixed background	

**C) ASIAN OR ASIAN BRITISH**

❖ Indian	
❖ Pakistani	
❖ Mipuri	
❖ Bangladeshi	
❖ Any other Asian background	

**D) BLACK OR BLACK BRITISH**

❖ Caribbean	
❖ African	
❖ Any other black background	

**E) OTHER**

❖ Any other ethnic background	
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HOME LANGUAGE: \_\_\_\_\_

MOTHER TONGUE/FIRST LANGUAGE: (The language your child was first exposed to at home) \_\_\_\_\_

RELIGIOUS AFFILIATION: (Please select from the options below)

❖ Christian	
❖ Buddhist	
❖ Hindu	
❖ Sikh	

❖ Jewish	
❖ Muslim	
❖ No religion	
❖ Other	

ENGLISH AS AN ADDITIONAL LANGUAGE? (Please circle)

YES / NO

NATIONAL IDENTITY: (Please select from the options below)

❖ Welsh	
❖ English	
❖ Scottish	

❖ Irish	
❖ British	
❖ Other	

**MEDICAL INFORMATION**

DOCTOR'S NAME: \_\_\_\_\_

SURGERY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PLEASE PROVIDE ANY MEDICAL INFORMATION THAT YOU FEEL THE SCHOOL NEEDS TO KNOW ABOUT YOU CHILD:  
(allergies/Asthma/Eczema/Hay Fever etc)

\_\_\_\_\_

\_\_\_\_\_

DOES A DOCTOR OR HOSPITAL HAVE YOUR PERMISSION TO ADMINISTER ANY REQUIRED TREATMENT TO YOUR CHILD IN AN EMERGENCY SITUATION? (Please delete) YES / NO

CAN YOUR CHILD BE TAKEN OUT OF SCHOOL IN AN EMERGENCY? (Please delete) YES / NO

**DIETARY NEEDS**

DOES YOUR CHILD HAVE ANY DIETARY NEEDS THE SCHOOL MUST BE AWARE OF? (I.E - Artificial colour allergy, Gluten free, Halal, Kosher foods only, No dairy produce, No nuts of any type, No pork, Seafood allergy, vegetarian)

**SPECIAL EDUCATIONAL NEEDS**

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS THAT THE SCHOOL NEEDS TO BE AWARE OF? IF SO PLEASE CAN YOU SUPPLY DETAILS BELOW:

**MODE OF TRANSPORT** How will your child be travelling to school?

❖ Car/Van	
❖ Walking	
❖ Taxi	

❖ Car Share	
❖ Public Transport Ie Bus	
❖ Bicycle	

**SCHOOL MEAL INFORMATION** What meal will your child be having at school?

❖ School Meal	
❖ Packed Lunch	

❖ Free Meal	
❖ Going home	

**PARENTAL CONSENT** Does the school have your parental consent to the following:

1. Does your child have parental consent for the school to take a photograph of your child to use on the school Website?
2. Does your child have parental consent for the school/external agencies (Photographer, local newspaper) to take photographs of your child?
3. Does your child have consent for parents and family members to photograph or video productions in which their children take part?
4. My child has access to the internet at home (Learning Portal)
5. Does your child have parental consent to take part in any SRE (Sexual Relationship Education) lessons provided by our school staff? (This applies to Year 6 pupils only)
6. Does your child have parental consent to take part in any Puberty lessons provided by our school staff? (This applies to Year 5 pupils only)
7. Does your child have parental consent to partake in any local school visits? (Letters regarding all organised school visits/trips will be sent out when required along with additional parental consent and contact information forms)  
(Please indicate with a Y for Yes and an N for No)

1. To have photograph on our website			5. Sex education lessons (Year 6 only)	
2. To be included in photographs			6. Puberty lessons (Year 5 only)	
3. To be included in photographs/videos			7. Local Visits	
4. Child has access to the internet at home				

**DETAILS OF BROTHERS/SISTERS ATTENDING PRIMARY OR SECONDARY SCHOOL**

NAME	CLASS	NAME OF SCHOOL IF NOT NORDEN PRIMARY

**PARENT/GUARDIAN INFORMATION**

TITLE (MR, MRS ETC): \_\_\_\_\_

SURNAME: \_\_\_\_\_

FORENAME: \_\_\_\_\_

RELATIONSHIP TO CHILD (MOTHER/FATHER ETC):  
\_\_\_\_\_

ADDRESS: (If different to pupil's address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE NO: \_\_\_\_\_

WORK TELEPHONE NO: \_\_\_\_\_

MOBILE TELEPHONE NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU THE CUSTODIAL PARENT OF THIS CHILD?

(Please circle) YES / NO

SHOULD YOU BE CONTACTED IN AN EMERGENCY?

(Please circle) YES / NO

TITLE (MR, MRS ETC): \_\_\_\_\_

SURNAME: \_\_\_\_\_

FORENAME: \_\_\_\_\_

RELATIONSHIP TO CHILD (MOTHER/FATHER ETC):  
\_\_\_\_\_

ADDRESS: (If different to pupil's address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE NO: \_\_\_\_\_

WORK TELEPHONE NO: \_\_\_\_\_

MOBILE TELEPHONE NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU THE CUSTODIAL PARENT OF THIS CHILD?

(Please circle) YES / NO

SHOULD YOU BE CONTACTED IN AN EMERGENCY?

(Please circle) YES / NO

**SPECIAL CIRCUMSTANCES**

PLEASE DETAIL BELOW IF THERE ARE ANY SPECIAL CIRCUMSTANCES EG; SEPARATED PARENTS, RIGHTS OF ACCESS, SEPARATED PARENTS EACH REQUIRING A REPORT ETC.

**EMERGENCY CONTACT DETAILS** (Please note the school needs at least two contact details other than the custodial parents)

**FIRST EMERGENCY CONTACT**

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_

WORK CONTACT NUMBER: \_\_\_\_\_

RELATIONSHIP TO PUPIL: \_\_\_\_\_

**SECOND EMERGENCY CONTACT**

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_

WORK CONTACT NUMBER: \_\_\_\_\_

RELATIONSHIP TO PUPIL: \_\_\_\_\_

**THIRD EMERGENCY CONTACT**

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_

WORK CONTACT NUMBER: \_\_\_\_\_

RELATIONSHIP TO PUPIL: \_\_\_\_\_

Signed: ..... (Parent/Carer)

Dated: .....

**OFFICE USE ONLY**

PROOF OF RESIDENCY CHECKED: \_\_\_\_\_

BIRTH CERTIFICATE CHECKED: \_\_\_\_\_

EVIDENCE CHECKED FOR FSM & MILK: \_\_\_\_\_

DATE ADMITTED TO SCHOOL: \_\_\_\_\_

YEAR GROUP: \_\_\_\_\_ CLASS: \_\_\_\_\_

ADMISSION NO: \_\_\_\_\_

UPN NO: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_