



This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 1998. Data on this form will be shared with the LA where necessary

SCHOOL USE ONLY	
Roll no:	
Admission date:	

Please provide as much information as possible about your child

Legal Surname: _____ Legal Forename: _____

Gender (M/F): _____ Date of Birth: _____

Preferred Surname: _____ Preferred Forename: _____

Middle Name(s): _____

Postcode: _____

Home Address: _____

Home Telephone Number: _____

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please them in the order that you wish for them to be contacted in an emergency.

Contact Information:	Parent / Guardian	
Title: _____	Surname: _____ Forename: _____	Priority <input type="checkbox"/>
Daytime Tel.No: _____	Day Place: _____	
Home Phone : _____	Mobile: _____	
Email: _____		
Address (if different to above): _____		
_____ Post Code: _____		
Relationship to Pupil: _____ Parental Responsibility: Yes/No		

Contact Information:	Parent / Guardian	
Title: _____	Surname: _____ Forename: _____	Priority <input type="checkbox"/>
Daytime Tel.No: _____	Day Place: _____	
Home Phone : _____	Mobile: _____	
Email: _____		
Address (if different to above): _____		
_____ Post Code: _____		
Relationship to Pupil: _____ Parental Responsibility: Yes/No		

Contact Information: Non - Parental	
Title: _____ Surname: _____ Forename: _____	Priority <input style="width: 50px; height: 40px;" type="checkbox"/>
Daytime Tel.No: _____ Day Place: _____	
Home Phone : _____ Mobile: _____	
Email: _____	
Address: _____	
_____ Post Code: _____	
Relationship to Pupil: _____	

Contact Information: Non - Parental	
Title: _____ Surname: _____ Forename: _____	Priority <input style="width: 50px; height: 40px;" type="checkbox"/>
Daytime Tel.No: _____ Day Place: _____	
Home Phone : _____ Mobile: _____	
Email: _____	
Address: _____	
_____ Post Code: _____	
Relationship to Pupil: _____	

Medical information:

Dietary Requirements:		
Artificial Colouring Allergy <input style="width: 40px; height: 20px;" type="checkbox"/>	No Pork <input style="width: 40px; height: 20px;" type="checkbox"/>	No Dairy Produce <input style="width: 40px; height: 20px;" type="checkbox"/>
Gluten Free <input style="width: 40px; height: 20px;" type="checkbox"/>	Halal <input style="width: 40px; height: 20px;" type="checkbox"/>	Kosher Foods Only <input style="width: 40px; height: 20px;" type="checkbox"/>
No nuts of any type/quantity <input style="width: 40px; height: 20px;" type="checkbox"/>	Vegetarian <input style="width: 40px; height: 20px;" type="checkbox"/>	Seafood Allergy <input style="width: 40px; height: 20px;" type="checkbox"/>
ANY OTHER NON FOOD ALLERGIES? _____		
Medical Practice: _____		
Medical Practice Address: _____		
_____ Tel.no: Doctor: _____		

Does your child have any medical conditions that the school should be aware of?		

In the event of an accident or emergency involving my child, I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the Lead teacher (or authorised deputy/member of the school senior leadership team) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.		

Sharing and Collecting information:

From time to time we may share and obtain information from the following agencies:

Role/Name:

- GP
- Health Visitor
- Primary School
- Speech and Language specialist
- SEND Co-ordinator
- Child Psychologist
- Physiotherapist
- Ear, Nose and Throat specialist
- Other agency

By signing this form, you are consenting to us:

1. Sharing information in order that the agencies can provide accurate and relevant information.
2. Approaching the agencies in order to obtain information, which will enable us to complete our enquiries in the best interests of and to protect the child.
3. The information collected being used to inform the assessment process and only being shared as is necessary and appropriate in the best interest of and to protect the child.

Cultural information:

White		Mixed	
<input type="checkbox"/>	British	<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	Irish	<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	Gypsy/Roma	<input type="checkbox"/>	Any other mixed background
<input type="checkbox"/>	Any other white background		
Asian or Asian British		Black or Black British	
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other Black background
<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Any other ethnic background
<input type="checkbox"/>	Chinese		

I do not wish an ethnic background category to be recorded

A First language other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.

First Language: _____

Other languages spoken: (in order of importance)

- 1.
- 2.

Religion:

Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Other religion	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	No religion	<input type="checkbox"/>		

Local trip consents:

In order that we can take your child on a local trip (the village, park etc.) we require your consent:

Yes No

Formal trip letters will be issued for trips beyond the locality.

Does your child have a sibling at Greenfield Primary School?

Yes/No

If yes, please give name(s).....

Registering for a first time school place

You will not automatically be registered at Greenfield Primary School for a Reception place for your child.

First time admissions are made online at www.leics.gov.uk/admissions. Applications close during January of the year when your child is due to transfer to school.

Which school do you wish to apply for: _____
(This information is voluntary).

Please use this space to give us any information about your child that you feel we should know about and which has not already been covered by this form:

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Parent/Carer Name: _____
(Please print)

Parent/Carer Signature: _____

Date: _____