Shincliffe CE Primary School

Pupil Information Sheet

Section 1 Student's Details

Personal Details		
Surname		
Forename(s)		
Preferred Name		
Gender	Female	
(Please tick one)	Male	
Date of Birth (DD/M	Λ/ΥΥΥΥ)	
Home Address &		
Postcode		

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

Is your shild a flooked after shild?	Yes	
Is your child a 'looked after' child?	No	
If yes, which local authority looks after your		
child?		

Is your shild a carer for an adult or shild?	Yes	
Is your child a carer for an adult or child?	No	

Does your child have a parent/carer in the	Yes	
Forces?	No	

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

Does your child have Special Educational	Yes	
Needs?	No	

Do you have consider your child to have a disability under the Equality Act 2010 definition: A person is disabled under the <u>Equality Act 2010</u> 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.

Yes	
No	

Does the r	medical condi	ition require medical treatment or considerations in school?
Yes		
No		
	o consider the edical condit	e need for an Individual Healthcare Plan please provide details below of any ions:

Name of Doctor	
Address	
Telephone Number	

Intended Meal Arrangem	nents (Please tick one)		
School Meal (paid)	School Meal (free)	Home-Prepared Packed Lunch	Lunch at Home

Does your child require any special Yes
food? (Please tick one) No
Does your child need to avoid any Yes
foods? (Please tick one) No
If Yes to either question, please provide details below:

Main Method of Travel to and from School (Please tick one only)										
car/van	car share	bicycle	public bus	school bus	train	taxi	walk	other		

		Ethnic Background
Our eth	nic backgr	ound describes how we think of ourselves. This may be based on many things, including, for example, our skin
colour, l	anguage,	culture, ancestry or family history.
		Ethnic background is not the same as nationality or country of birth
		Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have o decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise
		ed over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for
themsel	-	
		ist below and tick one box only to indicate the ethnic background of the pupil or child. Please also tick whether
	n was fille	d in by a parent or the pupil.
White	()	Dritich
•	()	British
•	()	Irish
•	()	Gypsy
•	()	Roma (European Roma)
•	()	Traveller (including English Traveller, Irish Traveller, Scottish or Welsh Travellers)
•	()	Any other White background, please write in :
		(including Polish, Turkish and Turkish Cypriot, Eastern/Western European, Armenian, Russian, White North
		American, White South Africans etc)
Mixed	()	White and Black Caribbean
•	()	White and Black African
•	()	
•	()	White and South Asian
•	()	Any other mixed background (including White background & Black North American, White background & Chinese Asian & Black background etc)
Acian o	r Asian Bri	Chinese, Asian & Black background, Chinese & Black background etc)
	()	Indian
•	()	Pakistani
•	()	Bangladeshi
•	()	Any other South Asian background (including Sri Lankan, Nepalese, African Asians etc)
Black or	Black Brit	
•	()	Caribbean
•	()	African (including sub-Saharan Africa)
•	()	Any other Black background (Black North American, Black European etc)
Chinese	or Chines	e British
•	()	(including Malaysian Chinese, Singaporean Chinese etc)
Any oth		background
•	()	Latin/South/Central American
•	()	Iranian, Iraqi, Saudi, Kuwaiti, Palestinian, Jordanian etc
•	()	Afghani, Kurdish from Turkey/ Iraq/ Iran
•	()	North African – Moroccan, Algerian, Tunisian, Libyan, Egyptian
•	()	Japanese, Thai, Vietnamese, Filipino, Malaysian other than Malaysian Chinese etc
•	()	and Any Other Ethnic background
l do not		thnic background category to be recorded
•	()	
	. .	Parent ()
This in	tormation	was provided by:
		Pupil ()

Langu	ages used within the family?	What, if any, is the pupil's religion or belief?
Language 1		
Language 2		
Language 3		

If you have not completed this section within four weeks, then the school may use its best judgement to assess the ethnic background and language(s) of your child, noting that the information has been arrived at in this way, rather than by you. The school will let you know this decision and you can ask to have this decision altered or removed, if you wish.

Section 2 Details of Parents/Carers

Name of Parent/Carer 1										
Relationship to child	Parent		Step Parent		Legal Guardian		Foster Carer		Social Worker	
(Please Tick one)			Tarchi		Guarulan		Carci		WORKEI	
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	Step Parent	Legal Guardian	Foster Carer		Social Worker	
Home Address		Tarcht	Guardian	Carci	L	WORKER	
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	
Relationship to child	
Primary Contact Number	
Secondary Contact	
Number	

Full Name	
Relationship to child	
Primary Contact Number	
Secondary Contact	
Number	

Form Completed By (Print name)		
Signed	Date	