

Pupil Data Form

Please complete ALL sections on **BOTH SIDES** and return to school as soon as possible

Child's Personal Information

LEGAL FORENAME		LEGAL SURNAME	
MIDDLE NAME(S)			Preferred Name
GENDER	Male / Female	DATE OF BIRTH	
HOME ADDRESS			
POST CODE		HOME PHONE	

EMERGENCY CONTACT INFORMATION Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

1st Contact needs to be Parent/Guardian Parental Responsibility Yes/No

Title		FORENAME		SURNAME	
HOME ADDRESS					
POSTCODE				WORK PLACE	
HOME PHONE				WORK PHONE	
MOBILE				RELATION TO CHILD	
Main e-mail address :					

2nd Contact Parental Responsibility Yes/No

Title		FORENAME		SURNAME	
HOME ADDRESS					
POSTCODE				WORK PLACE	
HOME PHONE				WORK PHONE	
MOBILE				RELATION TO CHILD	
Main e-mail address :					

3rd Contact Parental Responsibility Yes/No

Title		FORENAME		SURNAME	
HOME ADDRESS					
POSTCODE				WORK PLACE	
HOME PHONE				WORK PHONE	
MOBILE				RELATION TO CHILD	

SIBLINGS ON ROLL

NAME(S)		FORM	
---------	--	------	--

SCHOOL INFORMATION

PREVIOUS SCHOOL			
FROM	/ /	TO	/ /

MEDICAL INFORMATION

DOCTOR		ADDRESS AND PHONE NUMBER	
MEDICAL HISTORY Brief detail of any medical condition(s).			

SPECIAL EDUCATIONAL NEEDS

Does your child have an EHCP or diagnosis of a special education need?	
Please give brief details of any learning difficulties.	
Does your child have any problems that you feel could affect their education, or you think we need to know about?	

WELFARE

Please tick as appropriate if your child is	Adopted <input type="checkbox"/>
	Looked After (ie: in the care of, or being provided with accommodation by, a Local Authority) <input type="checkbox"/>
	Subject to a Residence order <input type="checkbox"/>
	Subject to a Special Guardianship order <input type="checkbox"/>
Is your child classed as a Young Carer?	Yes / No _____

SERVICE CHILDREN IN EDUCATION

PARENT(S) IN ARMED FORCES	Yes / No _____
---------------------------	----------------

TRAVEL TO SCHOOL (please tick whichever one will be the most usual means of travel).

Bicycle Car School Bus Taxi Train Walk

FREE SCHOOL MEALS

Does your child currently have

Free Meals (As agreed with Education Office)

Has your child ever been on Free Meals?

ETHNICITY please circle

White-British	White & Asian	Indian	Black African	Traveller of Irish Heritage
White-Irish	White & Black African	Pakistani	Black Caribbean	Gypsy/Roma
Any other White background	White & Black Caribbean	Bangladeshi	Any other Black background	Any other Ethnic background
	Any other mixed background	Chinese		
		Any other Asian background		

FIRST LANGUAGE		English is a second language	Yes / No
----------------	--	------------------------------	----------

This information was provided by _____
(please print name)

_____ (signature)

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Education Authority and with the DfE and any other statutory agencies.