

# The Frithville and New York Federation

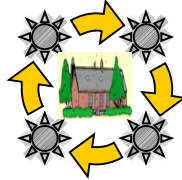
Executive Headteacher: Mr Paul Bargh

Admin only:

Date started: .....

Year group: .....

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Frithville

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## Confidential Pupil Data Sheet

<b>1. Child's</b>	<b>Nationality:</b> .....	<b>First Language:</b> .....	<b>Male/Female</b>
<b>Surname/family name:</b> .....	<b>Preferred name:</b> .....		
<b>All other names:</b> .....			
<b>Date of Birth:</b> .....	<b>As verified from Birth Certificate (Admin check <input type="checkbox"/> )</b>		
<b>Address:</b> .....			
.....			
<b>Post Code:</b> .....		<b>Tel no:</b> .....	

<b>2. Parent(s)/Carer(s) who share responsibility for the child:</b>	
<b>Full name of Mother/Carer:</b>	<b>Full name of Father/Carer:</b>
<b>Miss/Ms/Mrs:</b> .....	<b>Mr:</b> .....
<b>Address (if not as above):</b> .....	<b>Address (if not as above):</b> .....
.....	.....
<b>Place of work/contact/tel no:</b>	<b>Place of work/contact/tel no:</b>
.....	.....
<b>Daytime Tel no:</b> .....	<b>Daytime Tel no:</b> .....
<b>Absent Parents:</b> Copies of school letters, newsletters and reports etc should be sent to...	
<b>Name and relationship to children:</b> .....	
<b>Address:</b> .....	

<b>3. Emergency Contacts:</b>	<b>Name:</b>	<b>Relationship:</b>	<b>Tel no:</b>
a.	.....	.....	.....
b.	.....	.....	.....
c.	.....	.....	.....

<b>5. Other Children in the Family (i.e. names, relationship, age):</b>

<b>4. Social Services, Custody and Court Orders:</b>
<b>Is there Social Services involvement with the family? Yes / No</b>
<b>Indicate the nature of the involvement:</b> .....
<b>Is a Court Order in force for the child? Yes / No</b>
<b>Indicate the nature of the order:</b> .....
<b>Indicate which court made the order:</b> .....

6. Schools/Nursery attended (In order):	Admission Date:	Leaving Date:	School/Nursery address:
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7. **Family Doctor:**

Name: ..... Tel no: .....

Address: .....

8. **Child's Health:**  
 (Health concerns e.g. hearing, sight, allergies, special conditions, regular medication, anything we should be aware of)

Should the need arise, I give the school permission to call a doctor/administer first aid to my child.

Signed: ..... Parent/Carer Date: .....

9. **Other information:**  
 (Religious considerations relating to culture, customs, dress or prohibitions; languages spoken other than English; special diet; need for interpreters/translation. Special interests e.g. what your child enjoys and what he/she does not like)

Travel to school: Walk  Car  Taxi  Public transport:

Lunch arrangements: Packed lunch:  Home:  School lunch:  Please ask at the office for advice on free school meals.

10. **Declarations and Permissions:** Date: .....

**Reading at home**

a. I am willing to hear my child read at home as often as possible. Signed: .....

**Transport**

b. I agree to my child using any transport provided by school for the purpose of a school activity, or in the case of an emergency. Signed: .....

**Activities off site**

c. I agree to my child participating in activities off the school premises, within normal school hours, as part of the school curriculum. Signed: .....

**Photographs**

d. I agree to my child having their photograph taken and used in for the website, press releases and publicity. Signed: .....

**Names**

e. I agree to my child's name to be used in conjunction with the above photographs. Signed: .....

**Films**

f. I agree to my child being able to watch carefully chosen PG films. Signed: .....

**Food tasting**

g. I agree to my child taking part in any food tasting that may take place as part of the school curriculum. Signed: .....

**Uniform and PE kit**

h. I agree to provide my child with the appropriate school uniform and PE kit. Signed: .....

NB: This information may be computerised and used for administrative purposes. All personal information which is computerised has to be registered and may be used and disclosed only as described in the Data Protection register.

