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| --- | --- | --- | --- | --- | --- | --- |
| **Pupil Data Collection Sheet**  *Please complete all information requested on this form and return this to the school office as soon as possible.* | | | | | | |
| Information about your child  (L) in the answer space means that we have to ask you this by law.  (S) in the answer space means that this information will help us keep your child safe  (H) In the answer space means that this information will help us to meet your child’s needs  You can read more about how we use your information and keep it safe (Privacy Policy) at: http://birtleyeastprimary.org/about-our-school/school-policies/ | | | | | | |
| **Legal surname or family name** | | | **Legal first name or names** | | | |
| (Legal name is the name that appears on your child’s birth certificate or passport) | | | | | | |
| (L) | | | (L) | | | |
| **Preferred surname or family name** | | | **Preferred first name or names** | | | |
| (Preferred name is the name that you want us to call your child) | | | | | | |
| (L) | | | (L) | | | |
| Date of birth (L) | | | Gender (L) Male 🞏 Female 🞏 | | | |
| Address (L) | | | Child’s mobile number (if they have one) (S) | | | |
| Child’s email address (if they have one) (S) | | | |
| Postcode (L) | | |
| Previous school or nursery (if any) (H)  Date started Date finished | | | | | | |
| Name of your child’s doctor (S) | | | Doctor’s phone number (S) | | | |
| Doctor’s address (S) | | | Any medical conditions your child has, including allergies (S) | | | |
| Doctor’s postcode (S) | | | Any medication your child takes regularly (S) | | | |
| Any disabilities you feel your child has (H) | | |
| Your child’s ethnicity. Ethnicity is the cultural group you feel you belong to. It does not have to mean your religion or where you come from. Please tick next to the best answer. (L)  You do not have to tell us this if you do not want to. We pass this information to Gateshead Council and to the Government’s Department for Education. Gateshead Council use it to build a picture of who lives in Gateshead and which schools might need extra support. | | | | | | |
| White British 🞏 | White Irish 🞏 | | Gipsy/Roma/Traveller 🞏 | | Irish Traveller 🞏 | |
| Western European 🞏 | Eastern European 🞏 | | Any other White 🞏 | | Bangladeshi 🞏 | |
| Indian 🞏 | Pakistani 🞏 | | Afghan 🞏 | | Thai 🞏 | |
| Filipino 🞏 | Chinese 🞏 | | Japanese 🞏 | | Polynesian 🞏 | |
| Any other Asian 🞏 | Iraqi 🞏 | | Kurdish 🞏 | | Iranian 🞏 | |
| Arab 🞏 | Black Nigerian 🞏 | | Black Somali 🞏 | | Any other Black African 🞏 | |
| Black Caribbean 🞏 | Any other Black 🞏 | | White and Black African 🞏 | | White and Caribbean 🞏 | |
| White and Asian 🞏 | Any other Mixed 🞏 | | Any other ethnic group 🞏 | | I do not want to say 🞏 | |
| Religion (if any) (H) | | | The main language that your child was brought up speaking (L) | | | |
| Dietary needs (any food needs – for example, for religious or cultural reasons). (H)  Any food allergies (S) | | | | | | |
| Please tick the appropriate meal arrangement for your child from the table below: (S) (H) | | | | | | |
| Child will go home for lunch 🞏 | | School Meal – Free 🞏 | | School Meal –  Paid 🞏 | | Packed Lunch / Sandwiches 🞏 |

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| Information about people who look after your child  The information in this section will help us to keep your child safe and to keep in touch with you | | | | | |
|  | | Parent, Carer or Contact 1 | Parent, Carer or Contact 2 | Parent, Carer or Contact 3 | Parent, Carer or Contact 4 |
| Title eg Mr, Mrs, Ms, Dr | |  |  |  |  |
| First name or names | |  |  |  |  |
| Surname | |  |  |  |  |
| Gender | |  |  |  |  |
| Relationship to Pupil | |  |  |  |  |
| Parental Responsibility | | Yes 🞏 No 🞏 | Yes 🞏 No 🞏 | Yes 🞏 No 🞏 | Yes 🞏 No 🞏 |
| Please note: All correspondence will be sent to those with parental responsibility, unless we are advised otherwise. | | | | | |
| The order to contact them in an emergency (1, 2, 3, 4) | |  |  |  |  |
| Address (Just tick the box if it is the same as the child’s) | | Same as child 🞏 | Same as child 🞏 | Same as child 🞏 | Same as child 🞏 |
| Postcode | |  |  |  |  |
| Telephone number(s) For each contact, please tick the best number to use in an emergency | Home | 🞏 | 🞏 | 🞏 | 🞏 |
| Work | 🞏 | 🞏 | 🞏 | 🞏 |
| Mobile | 🞏 | 🞏 | 🞏 | 🞏 |
| Mobile | 🞏 | 🞏 | 🞏 | 🞏 |
| Email address | |  |  |  |  |

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| --- | --- | --- | --- |
| Is either parent in any of the British armed forces? (H) Yes 🞏 No🞏 | | | |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Please tell us which other schools your child has been at. (H)  (If your child is joining reception class, please tell us about nurseries/playgroups they have attended.) | | |
| School name | Date child started | Date child left |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does your child have any brothers or sisters? If so please list them below. (H) | | | |
| Name | School attended now | Other schools they have been at | Do they live at the same address as this child? |
|  |  |  | Yes 🞏 No 🞏 |
|  |  |  | Yes 🞏 No 🞏 |
|  |  |  | Yes 🞏 No 🞏 |
|  |  |  | Yes 🞏 No 🞏 |

|  |  |  |
| --- | --- | --- |
| **Please tell us about any Social Care or Team Around the Family or Key Worker involvement with your child. (S) (H)** | | |
| Social worker’s name | **Department (if known)** | **Telephone number** |
| Lead practitioner’s name | Organisation | Telephone |
| Key worker / Family support | Organisation | Telephone |
|  | Organisation | Telephone |
|  | Organisation | Telephone |

**Health / Medical contact information**

|  |  |  |
| --- | --- | --- |
| Please tell us about any other Health or Medical involvement with your child (S) (H) | | |
| Health service (eg Speech and language therapist) | Named contact | Telephone number |
| Health Visitor |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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**Medication**

|  |  |  |  |
| --- | --- | --- | --- |
| Please list regular medication taken by your child even if they are taken out of school hours so that we are able to inform paramedics/hospital staff in case of an emergency) (S) | | | |
| Name of medicine | When it is taken | | |
| 1 | Before school  Dose / time | During school  Dose / time | After school  Dose / time |
| 2 | Before school  Dose / time | During school  Dose / time | After school  Dose / time |
| 3 | Before school  Dose / time | During school  Dose / time | After school  Dose / time |
| 4 | Before school  Dose / time | During school  Dose / time | After school  Dose / time |

P**lease tick the boxes below and sign;**

**🞎 I confirm that the information I have provided on this form is correct (as far as I know).**

**🞎 I know that I must tell the school as soon as possible about any changes to the information provided.**

|  |  |
| --- | --- |
| **Signature:** | **Date:** |
| **Name :** | **Relationship to Child:** |