

# Barns Green Primary School

## Pupil Information Sheet

Office Use:

Start Date: .....

Class.....

UPN: .....

Birth certificate seen: YES/NO

The information you provide will be treated in confidence but may be used internally for other registered purposes (Data Protection Act)

**Child's Legal Surname** .....

*(As stated on birth certificate)*

**Known as** .....

*(If different from legal name, official documentation is req'd)*

**Child's First & Middle Name** ..... (Boy/Girl)

**Date of Birth**..... **Child's Position in Family** 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

**Country of Birth**.....

**Home Address**.....

*(Please provide proof of residency i.e. utility bill/tenancy agreement)*

**Post Code** ..... **Home Telephone Number** .....

**Ethnicity** ..... **1<sup>st</sup> Language spoken at home** .....

*(See attached sheet for further information)*

**Mother's Full Name**..... **Work Telephone Number** .....

*(Mrs/Miss/Ms)*

**Resides with child YES / NO** **Mobile Number** .....

**Email address**.....

**Father's Full Name**..... **Work Telephone Number** .....

**Resides with child YES / NO** **Mobile Number** .....

**Email address**.....

**Legal Guardian's Full Name**..... **Work Telephone Number** .....

..... **Mobile Number** .....

*(Legal documentation must be produced)*

**Email address**.....

In case of emergency and in case parents cannot be reached please give two emergency contacts. This must be someone who is willing and able to collect your child during and after school hours.

Name .....

*(Mr/Mrs/Miss/Ms)*

Telephone Number .....

Relationship to child .....

Name .....

*(Mr/Mrs/Miss/Ms)*

Telephone Number .....

Relationship to child .....

**Name of Doctor**..... **Telephone Number** .....

**Address of Surgery** .....

**Medical Conditions or Allergies**

If your child has any specific medical conditions or allergies, please complete separate sheet attached.

**Signature of Parent/Carer/Legal Guardian**.....

**Date** .....

**Collection of Child From School**

I will / I will not normally collect my child from school. I give permission for .....  
..... to collect my child . Relationship to child .....

**Background**

Lives with mother and father ( )

Lives with mother ( )

Lives with father ( )

Lives with mother and stepfather ( )

Lives with father and stepmother ( )

Lives with legal guardian ( )

Other (Please detail) .....

**Previous History**

Nursery/Playgroup/School Attended .....

Address & Telephone Number .....

**Starting Date:**

**Month** ..... **Year** ..... **Number of terms attended** .....

**General**

Mode of Transport Walk ( ) Car ( ) Bicycle ( ) Other .....

**Meal Arrangements**

Free School Meal ( ) Paid School Meal ( ) Sandwiches ( )

## **Ethnicity**

Bangladeshi  
Black – African  
Black – Caribbean  
Chinese  
Gypsy/Roma  
Indian  
Jewish  
Pakistani  
Traveller of Irish Heritage

White – British  
White – Irish  
White & Asian  
White & Black African  
White & Black Caribbean  
Any other Asian background  
Any other Black background  
Any other Ethnic background  
Any other Mixed background

## **Home Language**

English  
Akan/Twi-Fante  
Albanian/Shqip  
Amharic  
Arabic  
Bengali  
Bengali (Sylheti)  
British Sign Language  
Caribbean Creole English  
Caribbean Creole French  
Chinese  
Cornish  
Danish  
Dutch/Flemish  
Finnish  
French  
Gaelic (Scotland)  
Gaelic (Ireland)  
German  
Greek  
Gujarati  
Hebrew  
Hindi  
Igbo  
Italian  
Japanese

Korean  
Kurdish  
Lingala  
Luganda  
Manx Gaelic  
Norwegian  
Panjabi  
Pashto/Oakhto  
Persian/Farsi  
Polish  
Portuguese  
Romany/English Romanes  
Russian  
Serbian/Croatian/Bosnian  
Sinhala  
Somali  
Spanish  
Swahili/Kiswahili  
Swedish  
Tagalog/Filipino  
Tamil  
Turkish  
Urdu  
Vietnamese  
Welsh/Cymraeg  
Yoruba

**Please tick the above for your child's ethnicity and home language**

**Child's Religion** \_\_\_\_\_

**Signed Parent/Carer** \_\_\_\_\_

**Barns Green Primary School  
Pupil Health Information Form**

This form is used to help the school understand the medical needs of your child whilst in school and is used to plan the provision of their care. This information will be kept securely with your child's other records. If further information is required, we will contact you.

Please do not hesitate to contact the school if there are any issues you wish to discuss, or if you do not feel comfortable completing this form.

<b>Child's Name</b>	<b>Date of Birth</b>
<b>Gender</b>	<b>Year Group</b>

Has your child been diagnosed with, or are you concerned about, any of the following:

Condition	Yes	No	Medication
Asthma			
Allergies			
Epilepsy			
Diabetes			

Is your child taking regular medication for any condition other than those listed on the previous page

Condition	Medication / Emergency Requirements

Please use the space below to tell us about any other concerns you have regarding your child's health:

## Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

The Medicines Policy permits the school to administer the following non-prescription medication if your child develops the relevant symptoms during the school day. Pupils will be given a standard dose suitable to their age and weight. You will be informed when the school has administered medication by email/information slip home. The school holds a small stock of the following medicines.

Paracetamol

Administered with no adverse effect

Anti-histamine

Administered with no adverse effect

Tick the non-prescription medications above that you give your consent for the school to administer during the school day and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.

Signature Parent/Guardian.....

Print Name.....

Date.....