

MEDICAL NOTES (Including detail of any allergies & any medication your child may need to take)

WHITE WOODS PRIMARY ACADEMY TRUST

STUDENT DATA FORM

SPECIAL EDUCATIONAL NEEDS (SEN) YES/NO Details _____

PARAMEDICAL SUPPORT

OCCUPATIONAL THERAPY PHYSIOTHERAPY SPEECH & LANGUAGE THERAPY OTHER

DISABILITIES YES/NO

(if Yes, please provide details) _____

IMPORTANT INFORMATION:

Information regarding business addresses and contact numbers is required to enable School staff to get in touch with parent(s)/carer(s) etc in case of an emergency. Any change in circumstances should be notified to the School immediately.

The information provided will be used to create your child's educational records. It will be used to update Local Authority records and for statistical analysis and legislative returns to the Department for Education. Information will only be disclosed to other professionals where necessary for the educational development of your child.

SIGNED _____ DATE _____

RELATIONSHIP TO CHILD _____

For completion by School Staff

UPN _____ Admission Date _____ Admission No _____

Class _____ Proof of Date of Birth Birth Cert/Passport/NHS Card/Other _____

Form completed by _____ Date _____

Form input by _____ Date _____

The information provided on this form **MUST** be provided by a person with parental responsibility for the child.

The child's Birth Certificate **MUST** be produced at the school on completion of this form.

LEGAL SURNAME OF CHILD _____ PREFERRED SURNAME _____

LEGAL FORENAME(S) OF CHILD _____ PREFERRED FORENAME(S) _____

DATE OF BIRTH _____ NO OF CHILDREN IN FAMILY _____ GENDER BOY/GIRL

DO THE MOTHER AND FATHER HAVE DIFFERENT ADDRESSES? IF YES, INDICATE WHERE THE CHILD LIVES

MOTHER/FATHER (Please delete as appropriate)

MOTHER's NAME (includes Adoptive Mother) MISS/MS/MRS _____

HOME ADDRESS _____

POSTCODE _____ TELEPHONE NO. _____ MOBILE _____

PLACE OF WORK (if applicable) _____ TELEPHONE NO. _____

EMAIL ADDRESS _____

IN CASE OF ILLNESS, SHOULD WE CONTACT THE MOTHER AT WORK? YES/NO

FATHER's NAME (includes Adoptive _____

HOME ADDRESS _____

POSTCODE _____ TELEPHONE NO. _____ MOBILE _____

EMAIL ADDRESS _____

PLACE OF WORK (if applicable) _____ TELEPHONE NO. _____

IN CASE OF ILLNESS, SHOULD WE CONTACT THE FATHER AT WORK? YES/NO

IF THE PERSON PROVIDING THIS INFORMATION IS NOT THE PARENT, PROVIDE THE DETAIL BELOW:

NAME(S) _____

RELATIONSHIP TO CHILD _____

DOES THIS PERSON HAVE LEGAL PARENTAL RESPONSIBILITY? YES/NO

HOME ADDRESS _____

POSTCODE _____ Telephone No _____ Mobile _____

IF THE CHILD IS LOOKED AFTER BY THE LOCAL AUTHORITY, THE LA ARE RESPONSIBLE FOR THE CHILD, PLEASE PROVIDE DETAIL OF THE FOSTER CARER:

NAME _____

ADDRESS _____

TELEPHONE NO _____ MOBILE _____

ARE THERE ANY OTHER PERSONS WHO COULD BE CONTACTED IN AN EMERGENCY?

1. NAME _____ MOBILE _____

ADDRESS _____

RELATIONSHIP TO CHILD _____

2. NAME _____ MOBILE _____

ADDRESS _____

RELATIONSHIP TO CHILD _____

3. NAME _____ MOBILE _____

ADDRESS _____

RELATIONSHIP TO CHILD _____

FAMILY LINKS/SIBLINGS

SURNAME _____ FORENAME(S) _____

SURNAME _____ FORENAME(S) _____

SURNAME _____ FORENAME(S) _____

INDICATE THE MAIN FORM FOR TRANSPORT FOR YOUR CHILD'S JOURNEY TO SCHOOL

Walk Car/Van Taxi Public Bus Car Share

WILL YOUR CHILD BE HAVING SCHOOL DINNERS

Paid UIFSM Free Packed Lunch Going Home Part-time

IF THE CHILD HAS MOVED ADDRESS WITHIN THE LAST 12 MONTHS, PLEASE PROVIDE PREVIOUS ADDRESS

IF THE CHILD HAS ATTENDED ANOTHER SCHOOL, FOUNDATION UNIT, PLAYGROUP OR NURSERY, PLEASE PROVIDE DETAIL

WHAT IS THE MAIN LANGUAGE SPOKEN IN YOUR HOME _____

ETHNIC ORIGIN (Please tick one)

WHITE

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- White European
- Any other White background

CHINESE

MIXED

- White & Black Caribbean
- White & Black African
- White & Asian
- White & Chinese
- Any other mixed background

OTHER

- Yemeni
- Any other ethnic group

ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi

BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other Black background

RELIGION _____

NATIONAL IDENTITY _____ PASSPORT NO _____

PASSPORT EXPIRY DATE _____ SERVICE CHILDREN YES/NO

PROOF OF DATE OF BIRTH BIRTH CERTIFICATE/PASSPORT/NHS CARD/OTHER _____

NAME OF MEDICAL PRACTICE/DOCTORS SURGERY _____

PLASTERS CAN BE APPLIED IF DEEMED NECESSARY BY SCHOOL STAFF YES/NO

DIETARY INFORMATION

ALLERGIES (details) _____

VEGETARIAN HALAL KOSHER RAMADAN GLUTEN FREE DAIRY FREE OTHER

(if Other, please provide detail) _____

MEDICAL CONDITIONS _____
