Sutton in Craven Community Primary School

Pupil Information Record

First name …… Last name ……

Middle name (s) …… Chosen name……

Gender: Male/Female Date of birth __/__/____

Home address

Postcode

Home telephone ……

Mobile ……

E mail ……

My child lives at home with these people:

Who has legal responsibility for your child?

Title		First name		Last name	
Address Postcode					
Work telephone				Mobile	
Title		First name		Last name	
Address Postcode					
Work telephone				Mobile	
Any relevant court orders in place, including those which affect any person's access to **your child**. (e.g. residence/contact/care order/injunctions) **School requires copies of any such orders.**					

Please give details of all persons you wish to be contacted in an emergency. Place them in the order you wish them to be contacted *(include parents if appropriate)*

1. Mr/Miss/Mrs/Ms …… Address……Phone……..

Relationship to child ……

2. Mr/Miss/Mrs/Ms …… Address……Phone……..

Relationship to child ……

3. Mr/Miss/Mrs/Ms …… Address……Phone……..

Relationship to child …….

Educational history

Pre-school name and address

Date started……..Date of leaving ……..

Previous schools

1. Name and address ……telephone……..

Date started……..Date of leaving……..

2. Name and address ……telephone……..

Date started……..Date of leaving……..

My child will travel to school by:

Train ☐ bus ☐ walk ☐ car ☐ taxi ☐ other……..

Lunch arrangements:

☐ Universal Free School Meal (applicable to YR, Y1 and Y2 only)

☐ Free School Meal (possible eligibility if in receipt of certain benefits)

☐ Paid School Meal

☐ Packed Lunch

Medical information

Name of doctor ……..telephone……

Name of health visitor ……..

Address of surgery ……..

Is your child right or left handed? ……

Does your child have any additional needs?	Professional involved	What do we need to know about this in school?
Hearing (eg. grommets/hearing aids)	Contact name telephone number	
Eyesight (eg. eye condition/ wears glasses)	Contact name telephone number	
Speech and language (eg. stammer/ language development)	Contact name telephone number	
Special educational needs (eg. statement)	Contact name telephone number	
Medical conditions (eg. asthma/epilepsy/ diabetes)	Contact name telephone number	
Regular medication (eg. inhaler/epipen)		
Dietary needs (eg. Medical/religious/ cultural)	Contact name telephone number	
Social care (eg. social worker)	Contact name telephone number	
Any other information school should know which may assist in the education and wellbeing of your child		

CONSENT TO USE IMAGES

We require your permission to take and store photos or digital images of your child.

There are occasions when we may take photographs of pupils at our school.

- Displays around school
- Website / Social media associated with school
- Published material
- Photos or recordings of performances by school, families and friends
- Media reports like newspaper or TV
- Other educational use.

In all of these, the school will take a common sense approach whilst remaining mindful of the welfare and safety of our children.

I give permission for Sutton in Craven CP School to take and use photographs and digital images of my child as detailed above. **SIGNED**……..

I give consent for my child to appear in the media in connection with events organised by or in connection with Sutton in Craven CP School. **SIGNED**…….

This form is valid from the date that it is completed, signed and returned to the school and throughout the duration of your child's attendance at Sutton in Craven CP School.

You may withdraw, suspend or vary this consent at any time by writing to the school.

The school may retain and use some photographs as part of its historical record. However, on leaving our school, if you wish to have photos or images destroyed, you should notify the school in writing.

The school will only use or permit to be used photos of children who are deemed by the Headteacher or any person duly authorised by him/her, to be suitably dressed for the relevant activity.

NOTE: FOR THE PURPOSES OF THIS DOCUMENT, 'PHOTOGRAPH' IS DEEMED TO INCLUDE FILM, VIDEO AND ANY OTHER SIMILAR MEANS OF REPRODUCING IMAGES.

FOOD TASTING

Pupils are given the opportunity to taste a variety of foods during their time at school.

Detail below any foodstuffs your child may **not** consume. (i.e. for medical/cultural/religious reasons)

USE OF THE INTERNET

I give consent for my child to have supervised access to the internet whilst at Sutton in Craven CP School and understand that the school will take all reasonable precautions to ensure the suitability of the material accessed.

SIGNED ————————————————————————————-

ETHNICITY (please study the list below and tick one only to indicate the ethnic background of your child)

White

British □ Irish □ Traveller of Irish heritage □ Gypsy □ Roma □ Gypsy/Roma □

Other Gypsy/Roma □ any other white background □

Mixed

White & black Caribbean □ white & black African □ white & Asian □ any other mixed background

Asian or Asian British

Indian □ Pakistani □ Bangladeshi □ any other Asian background

Black or Black British

Caribbean □ African □ any other black background

Chinese □

Other ethnic background □

I do not wish an ethnic background to be recorded □

NATIONAL IDENTITY (please study the options below and tick one only to indicate which nation you recognise your child as belonging to)

British □ English □ Welsh □ Scottish □ Irish □ other □

I do not wish a national identity to be recorded □

RELIGION (please study the list below and tick one only to indicate your child's religion)

Buddhist □ Christian □ Hindu □ Jewish □ Muslim □ Sikh □ no religion □ other religion □

I do not wish for my child's religion to be recorded □

Additional Information

Is your child (tick as appropriate):

□ **A 'Service Child'?** (A 'service child' has a parent or parents who are/is service personnel serving: In regular HM Forces military units or, in the armed forces of another nation stationed in England)

□ **Eligible for Free School Meals?** (income related, not Universal Free School Meals)

□ **Adopted from Care?**

□ **A 'Looked-after' Child?** (a child who is being looked after by their local authority, either with foster parents, at home with their parents under the supervision of the social services, in a residential children's home or, in some other residential setting)

Please read and sign the following declaration

In the event of an emergency, if I cannot be contacted I give full permission for my child to be taken to hospital and permit the hospital to administer any medical treatment as necessary.

I will keep the school up to date of any medical conditions or allergies my child develops.

This permission is to cover the duration of my child's attendance at Sutton in Craven

Community Primary School and applies to both usual school hours and any off site educational visits.

I have parental responsibility for this child.

Signed …….. **Date** __/__/__

Name…… **Relationship to child** ……..