CONFIDENTIAL THE ELLIS CE PRIMARY SCHOOL PUPIL INFORMATION SHEET Date starting:

**PUPIL DETAILS**

|  |  |
| --- | --- |
| LEGAL SURNAME: | FORENAME/S: |
| ADDRESS: |
| POSTCODE: |  DATE OF BIRTH:  |

**MALE FEMALE DATE MOVED TO ABOVE ADDRESS**

**PREVIOUS SCHOOL:**

**Ethnicity: Religion: First Language:**

**Country of Birth: Nationality:**

**SIBLINGS:**

|  |  |  |
| --- | --- | --- |
| LEGAL SURNAME: |  | LEGAL SURNAME: |
| FORENAME: |  | FORENAME: |
| DATE OF BIRTH: |  | DATE OF BIRTH: |
| RELATIONSHIP: FULL/HALF/STEP BROTHER/SISTER |  | RELATIONSHIP: FULL/HALF/STEP BROTHER/SISTER |
| SCHOOL ATTENDING: |  | SCHOOL ATTENDING: |
| RESIDING AT HOME ADDRESS: YES/NO |  | RESIDING AT HOME ADDRESS: YES/NO |

|  |  |  |
| --- | --- | --- |
| LEGAL SURNAME: |  | LEGAL SURNAME: |
| FORENAME: |  | FORENAME: |
| DATE OF BIRTH: |  | DATE OF BIRTH: |
| RELATIONSHIP: FULL/HALF/STEP BROTHER/SISTER |  | RELATIONSHIP: FULL/HALF/STEP BROTHER/SISTER |
| SCHOOL ATTENDING: |  | SCHOOL ATTENDING: |
| RESIDING AT HOME ADDRESS: YES/NO |  | RESIDING AT HOME ADDRESS: YES/NO |

**ADULTS WITH PARENTAL RESPONSIBILITY**

**MOTHER FATHER OTHER MOTHER FATHER OTHER**

**If other please state relationship to pupil ....................... If other please state relationship to pupil ..........................**

|  |  |  |
| --- | --- | --- |
| SURNAME: |  | SURNAME: |
| FORENAME: |  | FORNAME: |
| ADDRESS: |  | ADDRESS: |
| Home No: |  | Home No: |
| Mobile No: |  | Mobile No: |
| Work No: |  | Work No: |
| E-mail: |  | E-mail: |

**Please tick this box if the child is looked after by the Local Authority or has previously been looked after:**

**EMERGENCY CONTACT NUMBERS (OTHER THAN ABOVE) (**Please list contacts in priority order) At least two please.

1. 2

|  |  |  |
| --- | --- | --- |
| SURNAME: |  | SURNAME: |
| FORENAME: |  | FORENAME: |
| Home No: |  | Home No: |
| Mobile No: |  | Mobile No: |
| Work No: |  | Work No: |
| Relationship to Child: |  | Relationship to Child: |

**Please use additional paper if you have more than two emergency contact numbers.**

If there is any person who is LEGALLY not allowed to collect or have contact with the child, we need to know this information.

Please give details in the box below and provide written evidence.

|  |  |  |
| --- | --- | --- |
| SURNAME: |  | SURNAME: |
| FORENAME: |  | FORENAME: |
| Relationship to Pupil: |  | Relationship to pupil: |

|  |
| --- |
| How do you intend to travel to school (e.g. Walk, Car, Bus etc) |

**SAFEGUARDING**

**Are there any other issues that the school needs to be aware of in order to safeguard the child effectively?**

e.g. ADOPTION ORDER, CARE ORDER, OTHER COURT ORDERS, CONTACT ISSUES, PERSONAL EDUCATION PLANS, HEALTH CARE PLANS, ADOPTION SUPPORT PLANS, CHILD PROTECTION PLAN, RELEASING CHILDREN AT THE END OF THE SESSION/DAY?

|  |
| --- |
|  |

**SPECIAL EDUCATIONAL NEEDS**

Does the child have Special Educational Needs: YES/NO Does the child have a STATEMENT of Special Educational Needs: YES/NO

Details:

**ARE THERE ANY AGENCIES INVOLVED WITH THE CHILD?**

Educational Psychology Service Behaviour Support Services Social Services Education Welfare Service

Other:

**MEDICAL DETAILS**

|  |  |
| --- | --- |
| NAME OF DOCTOR: | TELEPHONE NUMBER: |
| SURGERY ADDRESS: |

Does the child have any DIAGNOSED medical conditions which school needs to know about: i.e allergies/illnesses etc. (Medical evidence must be provided.

**Dietary Needs: ................................................................................................................................................................**

**ANY OTHER RELEVANT INFORMATION: Welfare, Home circumstances, Health Visitor etc:**

**The EU General Data Protection Regulations 2018 (UK-GDPR):** The school is registered under the EU General Protection Regulation for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DFE. Please see the website for further details.

**SIGNATURE OF PARENT/CARER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I certify that the information on this form is correct. I confirm that all other persons with parental responsibility have been contacted and have agreed to this school placement. I confirm that other named contacts have given their consent for their data to be used on this form. I also confirm that to my knowledge there are no applications before the County/Magistrates Courts by a parent, someone claiming to be a parent etc disputing the child’s residence or which school they attend. The information you provide may be passed to other local or central government department or agencies in relation to prevention and detection of fraud. If a child is offered a place at this school on the basis of false or intentionally misleading information provided by you, then the offer of the school place will be withdrawn.

**FOR SCHOOL USE ONLY Birth Certificate Seen? YES/NO Initial \_\_\_\_\_\_\_\_**

**SAFEGUARDING**

Both designated officers aware: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Information shared with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if appropriate)