

# PUPIL INFORMATION FORM

(To be completed by Parent or Carer)



We welcome all children irrespective of ethnicity, culture or religion, home language, family background, learning difficulties or disabilities, gender or ability. The following information will help us plan for a smooth transition into school and ensure that children of all backgrounds make excellent progress during their time with us.

Basic Pupil Details	
<b>Pupil Name</b> First Name:  Middle Name(s):  Surname:  Preferred First Name (if different from above):	<b>Gender</b> (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>  <b>Date of Birth</b> (DD/MM/YY)
<b>Pupil's Home Address</b> Address:    Postcode:	<b>Religion</b> (please also include details of any dietary, dress, religious holidays or other considerations that we should be aware of)
<b>Languages Spoken at Home</b> (if your child speaks any other language in addition to English please complete the additional pink form entitled <i>Home Languages Form</i> )	<b>Asylum Seeker or Refugee Status</b> (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Country of Birth</b>	<b>Nationality</b>

## Parent and Carer Information

**Name of Parents/Carers:** Please note that numbers indicate the priority order in which we telephone in the event of an emergency.

1. Title (Mr, Mrs, Dr etc.)	2. Title (Mr, Mrs, Dr etc.)
First Name:	First Name:
Surname:	Surname:
Gender (please tick)  Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender (please tick)  Male <input type="checkbox"/> Female <input type="checkbox"/>
Does this parent have parental responsibility? (See guidance notes) Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this parent have parental responsibility? (See guidance notes) Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this parent/carers live at the child's address?  Yes <input type="checkbox"/> No <input type="checkbox"/>  If no, please fill in address below: Address:   Postcode:	Does this parent/carers live at the child's address?  Yes <input type="checkbox"/> No <input type="checkbox"/>  If no, please fill in address below: Address:   Postcode:
<b>Contact Information</b> Home telephone:	<b>Contact Information</b> Home telephone:
Mobile:	Mobile:
Work:	Work:
Email address:	Email address:
Preferred method of contact:	Preferred method of contact:
Would you like school correspondence to be sent to this person? Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you like school correspondence to be sent to this person? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>For School office use:</b>	Birth certificate (seen) <input type="checkbox"/> Parental responsibility verified <input type="checkbox"/>
	Other (specify)

## Emergency Contact Information

**Emergency Consent:**

Do you give permission for the school to give your child first aid or medical treatment in the unlikely event that this becomes necessary? (Please tick)

Yes

No

**Emergency Contacts:** Please ensure that these are different from the two people on the previous page.

3. Title (Mr, Mrs, Dr etc.)	4. Title (Mr, Mrs, Dr etc.)
First Name:	First Name:
Surname:	Surname:
Gender (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to Child:	Relationship to Child:
Contact Telephone Number 1:	Contact Telephone Number 1:
Contact Telephone Number 2:	Contact Telephone Number 2:

## Authorised Adults for Child Collection

Community School believes that the safety and welfare of our pupils is of paramount importance. For this reason, we have strict guidelines for the collection of pupils from school. It is the school's policy to only hand over a child to the parent or guardian whom we personally know, or to someone who has been authorised in advance to collect a child by the parent or guardian. All parents are asked to personally introduce us to any other person who may be required to collect their child.

In the space below please list the adults that are authorised by you to collect your child from school. We will only release children to the authorised adults named below and they may be asked to present a form of identification e.g. Driving Licence. In addition, we ask parents to set up a password that is familiar only to school staff and authorised adults. School staff may ask the adult collecting to provide this password as an extra precaution. Please indicate this in box below.

### Authorised Adults for Collection

	First Name	Surname	Gender (M or F)	Relationship to Child
1				
2				
3				
4				

**Security Password:**

Please indicate below if there are any adults who do not have legal access to your child:

## Pupil Health Details

<b>Name of Child's GP:</b>  <b>Gender</b> (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Surgery address:</b>  <b>Telephone number:</b>
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Please answer the following questions giving as much detail as possible.

Does your child:

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Have any allergies?

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Have an Epi Pen?

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Have any on-going health issues? (E.g. glue ear, eye patch, eczema, asthma)

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Have a medical condition?

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Take any regular medication?

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Has your child had any major illness, operation/s or a hospital stay?

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Are you concerned about any aspect of your child's health?

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Does your child have any special dietary requirements?

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**Immunisations/vaccinations**

Has your child had the following immunisations? (Please tick)

Whooping cough <input type="checkbox"/>	Diphtheria <input type="checkbox"/>	Tetanus <input type="checkbox"/>	Polio <input type="checkbox"/>
HiB Meningitis <input type="checkbox"/>	Measles <input type="checkbox"/>	Mumps <input type="checkbox"/>	Rubella <input type="checkbox"/>

# Pupil Ethnicity

Please tick **ONE** of the following options

## White

- White – English
- White – Scottish
- White – Welsh
- White – Irish
- White- Cornish
- Other White British
- White Eastern European
- White Western European
- White European
- Albanian
- Bosnian-Herzegovinian
- Croatian
- Serbian
- Kosovan
- Greek
- Greek Cypriot
- Portuguese
- Italian
- Gypsy/Roma
- Traveller of Irish Heritage
- Turkish
- Turkish Cypriot
- White Other

## Other Ethnic Group

- Afghan
- Arab
- Egyptian
- Filipino
- Iranian
- Iraqi
- Japanese
- Korean
- Kurdish
- Latin/South/Central American
- Lebanese
- Libyan
- Malay
- Moroccan
- Polynesian
- Thai
- Vietnamese
- Yemeni
- Other ethnic group

## Asian/Asian British

- African Asian
- Bangladeshi
- Chinese
- Hong Kong Chinese
- Malaysian Chinese
- Singaporean Chinese
- Other Chinese
- Indian
- Kashmiri Pakistani
- Kashmiri Other
- Mirpuri Pakistani
- Other Pakistani
- Nepali
- Sri Lankan Sinhalese
- Sri Lankan Tamil
- Taiwanese
- Other Asian

## Black/African/Caribbean/Black British

- Black – Angolan
- Black – Congolese
- Black – Ghanaian
- Black – Nigerian
- Black – Sierra Leonian
- Black – Somali
- Black – Sudanese
- Other Black African
- Black Caribbean
- Black European
- Black North American
- Other Black

## Mixed/Multiple Ethnic Groups

- White and Black African
- White and Black Caribbean
- White and Chinese
- White and Indian
- White and Pakistani
- White + any other Asian Background
- White and any other ethnic group
- Asian and Black
- Asian and Chinese
- Asian and any other ethnic group
- Black and Chinese
- Black and any other ethnic group
- Chinese + any other ethnic group
- Other mixed background

## Educational Information

<b>Name of Nursery School/Early Years Setting</b>	<b>Name of Teacher/Key Person</b>
<b>Dates attended</b>	

**Does your child have a disability or any special educational needs?**

Yes

No

If yes, please complete the blue form entitled *Additional Needs Form*

**Has your child attended a Children's Centre?**

Yes

No

If yes, please state where:

**Have external agencies supported your child in their development?** Please tick all that apply and give their name and contact details.

<input type="checkbox"/>	Speech and Language Therapist	
<input type="checkbox"/>	Paediatrician	
<input type="checkbox"/>	Physiotherapist	
<input type="checkbox"/>	Child Psychologist	
<input type="checkbox"/>	Behaviour Support	
<input type="checkbox"/>	Social Worker	
<input type="checkbox"/>	Educational Psychiatrist	
<input type="checkbox"/>	Family Liaison Worker	
<input type="checkbox"/>	PCAMHS	
<input type="checkbox"/>	Occupational Therapist	
<input type="checkbox"/>	Health Visitor	
<input type="checkbox"/>	Other	

**Is there any other information that you think Kingston Community School should know to support you and your child?** (e.g. relationship issues with other students/families etc.)

**Does your child have or use any specialist equipment or resources?** (e.g. glasses, hearing aids, Makaton, signing...)

**Pupil Premium Funding Information:**

**Is your child eligible for additional educational funding through the National Pupil Premium Grant? See additional leaflet.**

**YES**  **NO**  **UNSURE (I would like some advice on this)**



## Travelling to School

**How do you plan on getting to school each day?** Kingston Community School recognises that the importance of how each family and staff member travels to school is the first, most immediate way we can teach children to demonstrate good citizenship, care for their local community and exhibit good stewardship of the world in which they live. We will work to ensure that our travel contributes to larger local efforts to reduce congestion and promote healthy lifestyles. (Please tick the option that you are planning to use the majority of the time).

Walk  Car  Car Share  Cycle  Taxi  Bus  Other

**In an effort to reduce traffic in our area, KCS strongly encourages families to walk/cycle/scoot. If vehicle use is required, share car journeys to and from school. Please find out more from the School Travel Plan.**

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Form completed by (print name):

Signature:

Date form completed: