

NORTH EALING PRIMARY SCHOOL
PUPIL INFORMATION SHEET

PLEASE NOTE THIS FORM IS **STRICTLY CONFIDENTIAL**

Please complete all sections of this form IN BLOCK CAPITALS

Family Name:	First Names:
Boy/girl:	Date of Birth:
Address:	
Postcode:	
Mother/Carer's Date of Birth: <input style="width: 150px; height: 20px;" type="text"/> Mother/Carer's National Insurance No./Border Agency Ref No.*: <input style="width: 200px; height: 20px;" type="text"/>	
Father/Carer's Date of Birth: <input style="width: 150px; height: 20px;" type="text"/> Father/Carer's National Insurance No./Border Agency Ref No.*: <input style="width: 200px; height: 20px;" type="text"/>	
<small>*Please provide your national insurance number as we need this to check your child's eligibility for additional school funding.</small>	

CONTACTS

Priority	Name/Relationship and Address	Contact Phone Numbers:
1.	Name:	Home:
	Address:	<u>Mobile:</u> <u>Email:</u>
	Relationship:	Work:
2.	Name:	Home:
	Address:	<u>Mobile:</u> <u>Email:</u>
	Relationship:	Work:
3.	Name:	Home:
	Address:	Mobile:
	Relationship:	Work:

Please tick this box if your household income is less than £16,190?*

*Please share this information as the school may receive extra funding to help support your child.

DIETARY NEEDS

Does your child have any special dietary needs? (PLEASE CIRCLE AS MANY AS APPROPRIATE)

PLEASE NOTE: AT NORTH EALING PRIMARY SCHOOL NO PORK OR BEEF IS SERVED AS PART OF THE SCHOOL MEALS. NO HALAL FOOD IS PROVIDED; THEREFORE CHILDREN REQUIRING HALAL MEAT ONLY WILL NEED TO CHOOSE THE VEGETARIAN OPTION IF THEY CHOOSE TO HAVE SCHOOL MEALS.

FISH ONLY GLUTEN FREE HALAL KOSHER NO BEEF NO DAIRY NO EGGS
NO FISH NO NUTS NO PORK NO SOYA SEAFOOD ALLERGY VEGAN VEGETARIAN

ANY OTHER DIETARY INFORMATION:

HEALTH NEEDS

Does your child have any allergies or medical needs? (PLEASE CIRCLE AS MANY AS APPROPRIATE)

ASTHMA DIABETES EZCEMA EPILEPSY HAYFEVER HEARING ISSUES NUT ALLERGY
INCONTINENCE - BED WETTING ALLERGY TO PENICILLIN TRAVEL SICKNESS TUBERCULOSIS
ARTHRITIS MULTIPLE SCLEROSIS EPIPEN AUTISTIC SPECTRUM DISORDER
DENTAL ISSUES EYE GLASSES SIGHT ISSUES OTHER ALLERGY

ANY OTHER HEALTH INFORMATION:

Doctor's Name:

Phone No.:

Surgery Address:

NHS Number:

Previous Educational Settings (including playgroup, Nursery and School):

Name of setting:

Address:

Date of Admission:

Date of Leaving:

SAFEGUARDING

Are there any issues that we need to be aware of in order to safeguard your child in school? e.g ADOPTION ORDER, CARE ORDER, OTHER COURT ORDERS, CONTACT ISSUES, EDUCATIONAL HEALTH CARE PLANS (EHCP), ADOPTION SUPPORT PLANS, CHILD PROTECTION PLAN, RELEASING CHILDREN AT THE END OF THE SESSION/DAY?

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1. Ethnic Background

Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our skin colour, language, culture, ancestry or family history. **Ethnic Background is not the same as Nationality or country of birth.**

Afghan	OAFG		Japanese	OJPN	
African Asian	AAFR		Latin/South/Central American	OLAM	
Any other Black background	BOTB		Pakistani	APKN	
Any other Mixed background	MOTM		Other Asian	AOTA	
Arab	OARA		Other Black African	BAOF	
Bangladeshi	ABAN		Other Ethnic Group	OOEG	
Black - Caribbean	BCRB		Traveller of Irish Heritage	WIRT	
Black - Ghanaian	BGHA		White	WOTW	
Black - Nigerian	BNGN		White and Asian	MWAS	
Black - Somali	BSOM		White and Black African	MWBA	
Chinese	CHNE		White and Black Caribbean	MWBC	
Gypsy - Romany	WROM		White - British	WBRI	
Indian	AIND		White - Western European	WWEU	
Iranian	OIRN		White - Irish	WIRI	
Iraqi	OIRQ		White - Eastern European	WEEU	

<i>I do not wish this information to be recorded</i>	REFU	
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Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education (DfE) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.

2. First Language

What is your child's first language? _____

This should be the language that you speak at home and the first language you spoke to your child in when they were a baby.

3. Country of Birth and Nationality

Country of Birth:			
Date of Arrival in UK:	DAY	MONTH	YEAR
NATIONALITY:			

4. Religious and philosophical affiliation of pupils

If you are happy to give the school information about your beliefs, would you please look at the categories listed below and tick the appropriate box. Where parents are from different traditions, please tick the box appropriate to how your child is being brought up.

Buddhist		Jain	
Baha'i		Jewish	
Anglican		Sunni Muslim	
Baptist		Shi'a Muslim	
Jehovah's Witness		Muslim	
Methodist		Hindu	
Mormon		Sikh	
Orthodox		Rastafarian	
Quaker		Ravidasian	
Roman Catholic		Shinto	
Salvation Army		Pagan	
Seventh Day Adventist		Parsee/Zoroastrian	
United Reform Church		No Religion	
Christian		Other Religion	
Humanist		I do not wish to record this information	

5. Disability

The disabilities Discrimination Act 1995 defines a person as having a disability if s/he "has a long term physical or mental impairment which has a substantial and long term adverse effect on her/his ability to carry out normal day to day activities". *"Substantial" means more than minor or trivial. "Long Term" means that the effect of the impairment has lasted or is likely to last for at least twelve months, "normal day-to-day activities" include everyday things like eating, washing, walking and going shopping*".

Do you consider your child to have a disability?	Yes:	No:
I do not wish to record this information:		
If yes, please provide details of the nature of the disability:		

PRACTICAL LESSONS AND ACTIVITIES

Each academic year your child will be participating in class lessons and activities of a practical nature where it is anticipated that either materials or ingredients will be sought from home. Alternatively, a charge may be made. In the case of any completed product, your child will bring it home.

There is no obligation to contribute and no pupil will be omitted from the activities. Separate letters will continue to be sent out for any day trip planned.

I agree to provide or pay for any materials or ingredients for practical lessons and I will be willing to make a contribution towards the cost of any proposed visit.

LOCAL VISITS

It is likely that your child will make various visits in the immediate locality (e.g., park, shops, library, other schools), during the course of their stay at North Ealing.

The visit will be properly supervised in accordance with the Local Authority's guidelines. All safeguards and risk assessments will be carried out.

Please give your permission for your child to take part in this activity.

Signed Dated
(Parent/Carer)

Photograph Permissions

PLEASE read the following carefully:

Tick ONLY ONE of the following:

<input type="checkbox"/>	I give permission for my child's photograph to be taken in school and used ONLY within school for educational reasons.
<input type="checkbox"/>	I give permission for my child's photograph to be taken in school and used in school publicity/newspapers/website.
<input type="checkbox"/>	I DO NOT give permission for my child's photograph to be taken or used in any circumstances whilst at North Ealing unless for essential profiles and recording of achievement (e.g. Nursery and Reception.)

Signed Dated
(Parent/Carer)