

Brownsover Community School

Pupil Contact/Information Form



All the personal information we hold is held and processed in accordance with data protection legislation. Please refer to the Privacy Notice (located on our website) for details of how personal information is used.

CHILD'S DETAILS

Child's Legal Forename:		Child's Surname:	
Child's Preferred Forename if different from above:		Other Middle names:	
Male / Female <small>(Please circle)</small>	Adopted Yes / No <small>(Please circle)</small>	Date of Birth: <small>(Please attach a copy of Birth Certificate) <input type="checkbox"/></small>	

ADDRESS

House Name/Number:	Street:
District:	Town:
County:	Postcode:

PRIMARY CONTACT 1

Name: Miss/Mrs/Ms/Mr <i>other please state</i> Mother / Father (please circle)	
Address: (if different from above)	
Home Phone Number:	Email Address:
Mobile Phone Number:	Work Telephone Number:
Place of Work: Armed Forces: Yes / No	Hours/Days of Work:
Permission to be contacted in an emergency: Yes / No	Permission to be contacted by email/text Yes / No for routine school communications:

PRIMARY CONTACT 2

Name: Miss/Mrs/Ms/Mr <i>other please state</i> Mother / Father (please circle)	
Address: (if different from above)	
Home Phone Number:	Email Address:
Mobile Phone Number:	Work Telephone Number:
Place of Work: Armed Forces: Yes / No	Hours/Days of Work:
Permission to be contacted in an emergency: Yes / No	Permission to be contacted by email/text Yes / No for routine school communications:

FAMILY INFORMATION

If parents are separated please give details of access:	Name of any other person with parental responsibility and relationship to child:	
Siblings in School		
Name:	Name:	Name:
Age:	Age:	Age:
Name, Address & Telephone Number of Previous School or Nursery Attended:		

SECONDARY CONTACTS (To be used in the event primary contacts are non-contactable and will be contacted in this order)	
Contact 3 Name: Miss/Mrs/Ms/Mr <i>other please state</i>	
Address:	
Home Phone Number:	Relationship to Child:
Mobile Phone Number:	Work Telephone Number:
Permission to be contacted in an emergency: Yes / No	Permission to be contacted by email/text Yes / No for routine school communications:
Contact 4 Name: Miss/Mrs/Ms/Mr <i>other please state</i>	
Address:	
Home Phone Number:	Relationship to Child:
Mobile Phone Number:	Work Telephone Number:
Permission to be contacted in an emergency: Yes / No	Permission to be contacted by email/text Yes / No for routine school communications:
DIETARY	
Which meal option will your child be having: <i>(please tick all that apply)</i>	
Paid Meal (Nursery & KS2) <input type="checkbox"/> Universal Free School Meal (Reception & KS1) <input type="checkbox"/> Packed Lunch from Home <input type="checkbox"/> <i>(KS1 = Year 1 & 2, KS2 = Yr 3, 4, 5 & 6)</i>	
My child is entitled to benefits related Free School Meals Yes / No	
Details of any Dietary Requirements:	
Are these requirements for: Medical Reasons <input type="checkbox"/> Religious Reasons <input type="checkbox"/> Personal Beliefs <input type="checkbox"/>	
MEDICAL	
Doctors Name:	Doctors Telephone No:
Doctors Address:	
Please indicate if your child has any medical conditions that school should know about:	
Will your child require medication keeping in school Yes / No	
<small>If yes please note it is your responsibility to ensure you complete an administration of medication form available from the school office and also to discuss any needs with your child's teacher, keep them updated of any changes and to ensure medicines provided are in date.</small>	
Medical Emergency: Please read this statement I understand, that if school is unable to contact me/us in the event of an emergency, that the Head or Deputy may take actions and make decisions on my/our behalf, acting on expert medical advice.	
LEARNING NEEDS	
My Child already has an Educational Health Care Plan (EHCP) <i>If yes please provide a copy</i>	Yes / No
My Child has learning needs/requires additional support <i>If yes please provide more information below</i>	Yes / No

YOUNG CARER INFORMATION REQUEST

So that we can offer your child support please indicate if anyone living in the family home suffers with any of the following (*please tick all that apply*)

Long-Term Illness
 Disability

Mental Health Issues (ie Depression)
 Substance Misuse Problems (ie Drugs/Alcohol)

ETHNIC/CULTURAL**White**

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

Mixed

- White and Black Caribbean
- White and Black African
- White and 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 **Any other ethnic background** **OR**

I do not wish my ethnic background category to be recorded

Religion:

Home Language:

First Language:

CONSENT

Permission for your child to go on short, supervised, local walking visits.: Yes / No

Permission for child's photograph to be used internally in school: Yes / No
 (*A more detailed consent form will be sent home for completion*)

Data Protection Legislation: The school is registered with the Information Commissioner for holding and processing of 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 other agencies including Warwickshire County Council and the Department of Education. Please see our Privacy Notice for full details of how we use and share the above personal information.

Please note that you have right to withdraw or amend your consent for the sharing of personal information at any time, although we will need to have certain personal information to fulfil our legal duties. You can notify us of a withdrawal of or any changes to your consent in writing by contacting admin2616@welearn365.com

→ Signature of Parent/Carer:

Date: