

Wheatley Hill Community Primary and Nursery School

Pupil Information Sheet

Section 1 Student's Details

Personal Details			
Surname			
Forename(s)			
Preferred Name			
Gender (Please tick one)	Female	<input type="checkbox"/>	
	Male	<input type="checkbox"/>	
Date of Birth (DD/MM/YYYY)			
Home Address & Postcode			

Previous Schools/Nurseries			
Names & Addresses of previous nursery/school(s)			
From DD/MM/YYYY			
To DD/MM/YYYY			

Is your child a 'looked after' child?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If yes, which local authority looks after your child?		

Is your child a carer for an adult or child?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Does your child have a parent/carers in the Forces?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Name and Date of Birth of sibling(s) including step-siblings if appropriate:				

Does your child have Special Educational Needs?	Yes	
	No	

Do you consider your child to have a disability under the Equality Act 2010 definition:
A person is disabled under the [Equality Act 2010](#) if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. 'Substantial' is more than minor or trivial and 'long-term' means 12 months or more. Although this condition may be managed with medication, please consider your child's life without the availability of medication.

Yes	
No	

Does your child have a medical condition which requires medical treatment/considerations in school?

Yes	
No	

In order to consider the need for an Individual Healthcare Plan please provide details below of any existing medical conditions:

--

Name of Doctor	
Address	
Telephone Number	

Intended Meal Arrangements (Please tick one)			
School Meal (paid)	School Meal (free)	Home-Prepared Packed Lunch	Lunch at Home

Does your child require any special food? (Please tick one)	Yes	
	No	
Does your child need to avoid any foods? (Please tick one)	Yes	
	No	

If Yes to either question, please provide details below:

--

Main Method of Travel to and from School (Please tick one only)								
car/van	car share	bicycle	public bus	school bus	train	taxi	walk	other

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

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child. Please also tick whether the form was filled in by a parent or the pupil.

White

- () British
- () Irish
- () Gypsy
- () Roma (*European Roma*)
- () Traveller (*including English Traveller, Irish Traveller, Scottish or Welsh Travellers*)
- () Any other White background, please write in :
(*including Polish, Turkish and Turkish Cypriot, Eastern/Western European, Armenian, Russian, White North American, White South Africans etc*)

Mixed

- () White and Black Caribbean
- () White and Black African
- () White and South Asian
- () Any other mixed background (*including White background & Black North American, White background & Chinese, Asian & Black background, Chinese & Black background etc*)

Asian or Asian British

- () Indian
- () Pakistani
- () Bangladeshi
- () Any other South Asian background (*including Sri Lankan, Nepalese, African Asians etc*)

Black or Black British

- () Caribbean
- () African (*including sub-Saharan Africa*)
- () Any other Black background (*Black North American, Black European etc*)

Chinese or Chinese British

- () (*including Malaysian Chinese, Singaporean Chinese etc*)

Any other ethnic background

- () *Latin/South/Central American*
- () *Iranian, Iraqi, Saudi, Kuwaiti, Palestinian, Jordanian etc*
- () *Afghani, Kurdish from Turkey/ Iraq/ Iran*
- () *North African – Moroccan, Algerian, Tunisian, Libyan, Egyptian*
- () *Japanese, Thai, Vietnamese, Filipino, Malaysian other than Malaysian Chinese etc*
- () *and Any Other Ethnic background*

I do not wish an ethnic background category to be recorded

- ()
- Parent ()
- This information was provided by:
- Pupil ()

Languages used within the family?	What, if any, is the pupil's religion or belief?
Language 1	
Language 2	
Language 3	

If you have not completed this section within four weeks, then the school may use its best judgement to assess the ethnic background and language(s) of your child, noting that the information has been arrived at in this way, rather than by you. The school will let you know this decision and you can ask to have this decision altered or removed, if you wish.

Section 2 Details of Parents/Carers

Name of Parent/Carer 1										
Relationship to child (Please Tick one)	Parent		Step Parent		Legal Guardian		Foster Carer		Social Worker	
Home Address										
Workplace Name, Address and Telephone Number										
Primary Contact Number										
Second Contact Number										
Email Address										

Name of Parent/Carer 2										
Relationship to child	Parent		Step Parent		Legal Guardian		Foster Carer		Social Worker	
Home Address										
Workplace Name, Address and Telephone Number										
Primary Contact Number										
Second Contact Number										
Email Address										

Please detail any court orders affecting access to your child?

Section 3 Emergency Contact Details (in priority order)

Full Name	
Relationship to child	
Primary Contact Number	
Secondary Contact Number	

Full Name	
Relationship to child	
Primary Contact Number	
Secondary Contact Number	

Form Completed By (Print name)			
Signed		Date	