

Little Bowden School

This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with GDPR. Data on this form will be shared with the LA where necessary. By signing this form you are agreeing to this information being held on a secure database at County Hall & Little Bowden's server.

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS

FOR SCHOOL USE ONLY

Are you aware that if you are entitled to Free School Meals the School could claim money to support your child on their learning journey. Please contact the School Office for more information.

Admission No		UPN	
Year Group		CTF	
Reg Group		Date Processed	
Admission Date			

Please provide as much information as possible

LEGAL SURNAME: _____ LEGAL FORENAME: _____
MIDDLE NAME: _____ GENDER: (M/F) _____ DATE OF BIRTH: _____
PREFERRED SURNAME: _____ PREFERRED FORENAME: _____
FULL HOME ADDRESS : _____

POSTCODE: _____

DOES YOUR CHILD HAVE ANY BROTHERS/SISTERS AT THIS SCHOOL? YES NO

IF YES, PLEASE GIVE NAME(S): _____

Please prioritise contacts in the order that you wish for them to be contacted in an emergency.

Contact Information - 1st PRIORITY

Miss/Mrs/Ms/Mr SURNAME: _____ FORENAME: _____
MOBILE PHONE: _____ HOME PHONE: _____
E-MAIL: _____ WORK NUMBER: _____
RELATIONSHIP TO PUPIL: _____
Is this person currently serving in regular HM forces Military units? Yes/No

Contact Information - 2nd PRIORITY

Miss/Mrs/Ms/Mr SURNAME: _____ FORENAME: _____
MOBILE PHONE: _____ HOME PHONE: _____
E-MAIL: _____ WORK NUMBER: _____
RELATIONSHIP TO PUPIL: _____
HOME ADDRESS (if different to above): _____

POSTCODE: _____
RELATIONSHIP TO PUPIL: _____ Parental Responsibility: YES/NO
Is this person currently serving in regular HM forces Military units? Yes/No

Contact Information - If needed - 3rd PRIORITY

Miss/Mrs/Ms/Mr SURNAME: _____

FORENAME: _____

MOBILE PHONE: _____

HOME PHONE: _____

E-MAIL: _____

WORK NUMBER: _____

RELATIONSHIP TO PUPIL: _____

Lunch time meal arrangements:

Packed Lunch

School Meal

Free School Meal

From Year 3 all meals will need to be paid for in advance by using **ParentPay** our secure online payment system (an 'activation' letter will be sent out once these forms are completed and your child has started school).

*****IF YOUR CHILD HAS A MEDICALLY ACKNOWLEDGED DIETARY REQUIREMENT THAT SCHOOL SHOULD BE AWARE OF PLEASE COMPLETE A 'DIETARY FORM' AVAILABLE FROM THE SCHOOL OFFICE AND ALSO BRING A MEDICAL LETTER TO CONFIRM THE DIAGNOSIS WHICH WILL BE PHOTOCOPIED FOR OUR RECORDS*****

Child's Medical Information

Medical Practice Name: _____

Medical Practice Address: _____

Tel Number: _____

Does your child have any medical conditions (including any form of disability) that the school should be aware of?

Medical Condition: _____

Medical Disabilities: _____

Does your child receive any Paramedical Support?

Occupational Therapy Physiotherapy Speech Therapy Other

Please specify further: _____

Parental information:

Do you have any medical conditions (including any form of disability) that the school should be aware of?

Name and Relationship to pupil: _____

Medical condition/disability: _____

This information is gathered under the terms of the Disability Discrimination Act.

Ethnicity:

White

- British
- Irish
- Traveller or Irish Heritage
- Gypsy Roma
- Any other White background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Chinese

Black or Black British

- Caribbean
- African
- Any other Black background
- Any other ethnic background

Religion:

- Christian
- Jewish
- Hindu
- Muslim
- Sikh
- Buddhist
- No religion
- Other religion

LANGUAGE:

A First Language other than English should be recorded.

If your child is exposed to more than one language (including English) please answer the following questions:

Language spoken at home: _____

Daily spoken language: _____

Proficiency in English? New to English Developing Competent

Other Languages spoken: (in order of importance)

1. _____ 2. _____

ADDITIONAL INFORMATION:

HOW DOES YOUR CHILD TRAVEL TO SCHOOL?

CYCLE CAR SHARE CAR/VAN PUBLIC BUS SERVICE
TRAIN TAXI WALK OTHER

PREVIOUS SCHOOL:

NAME OF SCHOOL: _____

TELEPHONE NUMBER: _____

DATE FROM: _____ DATE TO: _____

REASON FOR LEAVING: _____

Please use the space below to give us any information about your child that you feel we should know about and which has not already been covered in this form.

PARENT/CARER NAME (PLEASE PRINT) _____

PARENT/CARER SIGNATURE _____

DATE _____