

# NORDEN

## Community Primary School

School is required to hold certain information regarding pupils on a computerised system. To ensure that we have up to date information, please could you spare a few minutes to fill in the following details about your child. We also ask parents to notify school if any given details change in the future. Please complete ALL sections.

### GENERAL INFORMATION - CHILD

(PLEASE PRINT AS SHOWN ON YOUR CHILD'S BIRTH CERTIFICATE)

LEGAL SURNAME: \_\_\_\_\_ LEGAL FIRST NAME: \_\_\_\_\_

MIDDLE NAME(S): \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER (MALE/FEMALE): \_\_\_\_\_

MAIN ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

HOME TELEPHONE NO: \_\_\_\_\_ HOME EMAIL ADDRESS: \_\_\_\_\_

### DETAILS OF EVERY PARENT/CARER (of the child with legal responsibility)

(Birth parents usually have legal responsibility and this can only be removed and/or given to another person by a Court Order)

PRIORITY	Full Legal Name (including Mr, Mrs, Ms)	Address (inc Postcode) if not same as child's main address	Relationship to Child (eg Mother, Father, Step parent)	ARE YOU THE CUSTODIAL PARENT? (Joint custody 2 <sup>nd</sup> address?)	Telephone number (inc area code)
1					Work Mobile
2					Work Mobile
3					Work Mobile

**ADDITIONAL EMERGENCY CONTACTS** eg Relatives or friends who can be contacted when we are UNABLE to contact Parents/Carers named above

PRIORITY	Full Legal Name (including Mr, Mrs, Ms)	Relationship to Child	Telephone number (inc area code)
			Work/Home Mobile
			Work/Home Mobile
			Work/Home Mobile

### PREVIOUS NURSERY/SCHOOL DETAILS

NURSERY/PLAYGROUP/SCHOOL ATTENDED: \_\_\_\_\_

POSTCODE \_\_\_\_\_ TEL NO: \_\_\_\_\_

ATTENDED FROM (DATE): \_\_\_\_\_ TO (DATE): \_\_\_\_\_

PREVIOUS HOME ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

Headteacher: Mrs L Cotton

*"A school  
in the heart  
of the community"*



**ETHNIC/RELIGIOUS DETAILS**

ETHNIC ORIGIN - PLEASE STUDY THE LIST BELOW AND TICK **ONE BOX ONLY** TO INDICATE THE ETHNIC BACKGROUND OF THE PUPIL OR CHILD NAMED ABOVE.

**A) WHITE**

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

**B) MIXED**

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

**C) ASIAN OR ASIAN BRITISH**

Indian	
Pakistani	
Bangladeshi	
Any other Asian background	

**D) BLACK OR BLACK BRITISH**

Caribbean	
African	
Any other black background	

**E) OTHER**

Any other ethnic background		(Please state):
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LANGUAGES SPOKEN AT HOME: \_\_\_\_\_

MOTHER TONGUE/FIRST LANGUAGE: (The language your child was first exposed to at home) \_\_\_\_\_

ENGLISH AS AN ADDITIONAL LANGUAGE? (Please circle)

YES / NO

RELIGIOUS AFFILIATION: (Please select from the options below)

Christian	
Buddhist	
Hindu	

Sikh	
Jewish	
Muslim	

No religion	
Other	

NATIONAL IDENTITY: (Please select from the options below)

Welsh	
English	

Scottish	
Irish	

British	
Other	

**MEDICAL INFORMATION**

DOCTOR'S NAME: \_\_\_\_\_ SURGERY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PLEASE PROVIDE ANY MEDICAL INFORMATION THAT YOU FEEL THE SCHOOL NEEDS TO KNOW ABOUT YOU CHILD:  
(allergies/Asthma/Eczema/Hay Fever etc)

DOES A DOCTOR OR HOSPITAL HAVE YOUR PERMISSION TO ADMINISTER ANY REQUIRED TREATMENT TO YOUR CHILD IN AN EMERGENCY SITUATION? (Please delete) YES / NO

CAN YOUR CHILD BE TAKEN OUT OF SCHOOL IN AN EMERGENCY? (Please delete) YES / NO

**SCHOOL MEAL INFORMATION** What meal will your child be having at school?

School Meal	
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Free School Meal	
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Packed Lunch	
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**DIETARY NEEDS**

DOES YOUR CHILD HAVE ANY DIETARY NEEDS THE SCHOOL MUST BE AWARE OF? (I.E - Artificial colour allergy, Gluten free, Halal, Kosher foods only, No dairy produce, No nuts of any type, No pork, Seafood allergy, vegetarian)

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL EDUCATIONAL NEEDS**

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS THAT THE SCHOOL NEEDS TO BE AWARE OF? IF SO PLEASE CAN YOU SUPPLY DETAILS BELOW:

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HAVE YOU OR YOUR CHILD ANY IMPAIRMENT OR DISABILITY WHICH MAY PREVENT ACCESS TO THE BUILDING OR ACCESS TO INFORMATION PROVIDED BY SCHOOL? IF SO, PLEASE CAN YOU SUPPLY DETAILS BELOW:

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**MODE OF TRANSPORT** How will your child be travelling to school? (Only select one, most used mode of transport)

Car/Van		Walking		Taxi	
Car Share		Bicycle		Public Transport (ie Bus)	

**SERVICE CHILDREN** Is either parent a member of the Armed Forces? If so please give details including Personnel Category.

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**PARENTAL CONSENT** Does the school have your parental consent to the following:

1. Does your child have parental consent for the school to take a photograph of your child to use on the school website/learning platform?
2. Does your child have parental consent for the school to take videos of your child to use on the school website/learning platform?
3. Does your child have parental consent for the school/external agencies (Photographer, local newspaper) to take photographs of your child?
4. Does your child have consent for parents and family members to photograph or video productions in which their children take part?
5. My child has access to the internet at home (Learning Platform)
6. Does your child have parental consent to partake in any local school visits? (Letters regarding all organised school visits/trips will be sent out when required along with additional parental consent and contact information forms)

(Please indicate with a Y for Yes and an N for No)

1. To have photograph on our website/learning platform		4. To be included in photographs/videos	
2. To appear in videos on website/learning platform		5. My child has access to the internet at home	
3. To be included in photographs		6. Local/School Visits	

**DETAILS OF BROTHERS/SISTERS ATTENDING PRIMARY OR SECONDARY SCHOOL**

NAME	CLASS	NAME OF SCHOOL IF NOT NORDEN PRIMARY

**SPECIAL CIRCUMSTANCES** - PLEASE DETAIL BELOW IF THERE ARE ANY SPECIAL CIRCUMSTANCES EG: SEPARATED PARENTS, RIGHTS OF ACCESS, SEPARATED PARENTS EACH REQUIRING A REPORT ETC.

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(Cont overleaf if necessary)

Signed: ..... (Parent/Carer)

Dated: .....

OFFICE USE ONLY	
PROOF OF RESIDENCY CHECKED:	_____
BIRTH CERTIFICATE CHECKED:	_____
DATE ADMITTED TO SCHOOL:	_____
YEAR GROUP:	_____ CLASS: _____
PROCESSED BY:	DATE: _____