**Berry Brow Infant and Nursery Academy**

**Student Details**

**LEGAL SURNAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Preferred Surname** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Known Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle Name**(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender** Male Female **Home Telephone 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Telephone 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nationality** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postcode** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Religion** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(eg Catholic, Christian, Hindu, Jewish, Muslim, Sikh, No Religion)

**Ethnicity (please tick)**

❑White: British ❑White: Irish ❑White: Traveller of Irish Heritage

❑White: Other ❑White: Gypsy/Roma ❑Mixed: White & Black Caribbean

❑Mixed: White and Black African ❑Mixed: White and Asian ❑Mixed: Other

❑Asian or Asian British: Indian ❑Asian or Asian British: Pakistani ❑Asian/Asian British: Bangladeshi

❑Asian or Asian British: Other ❑Black or Black British: Caribbean ❑Black or Black British: African

❑Black or Black British: Other ❑Chinese ❑Any Other Ethnic Group

❑Prefer not to say

**First Language: Language Spoken at home:**

English/Other (please state) …………... English/Other (please state) …………

**UK Military**

Does the child have a parent currently serving in the UK Military? Yes/No

**School Displays/Photos/Websites**

Do you give permission for the time your child is a pupil at Berry Brow Infant and Nursery School for the following:

To have photos and videos of children for use in school Yes/No

To upload these photos on our website/social media (without their names on) Yes/No

To have their photos in the local newspaper, its associated websites? Yes/No

(sometimes using first names but we never allow full names)

**We will support the school approach to online safety and not deliberately post comments or upload any images, sounds or text that could upset or offend any member of the school community or bring the school into disrepute. Yes/No**

**Early Years Pupil Premium/Pupil Premium**

**This means:**

If your child is in full time education, and you receive certain benefits, please fill in an application form even if your child is in Reception, year 1 or year 2.

This is because they are also entitled to things like free milk, help towards school trips and other support.

If you've filled in the application, your child's school receives additional money to be able to provide these extra things. This is called the pupil premium.

If your child entitled to the Early Years Pupil Premium/Pupil Premium? Yes/No

If yes, have you applied online? Yes/No

Would you like help in completing this application? Yes/No

**MEDICAL DETAILS**

Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Practice Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give permission for the school to call the doctor in an emergency? Yes / No

Do you give permission for the school to administer first aid in an emergency? Yes / No

Please detail any court orders applying to the child (eg Ward of Court, Legal rights of access)

If your child has any siblings who attend this school, please provide their names.

Do you (as a parent) have any additional needs that we should be aware of?

**Other people involved with your family.**

Does your child have any involvement (past or present) with any other agencies?

Social Care Yes/No

Family Support Workers Yes/No

CAMHS Yes/No

Attendance and Pupil Support Yes/No

**CONTACT DETAILS**

**(Please remember to update these with us on a regular basis – these people need to be available in an emergency).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Priority | Title | First Name | Surname | Gender | Relationship to child | Parental Responsibility |
| 1 |  |  |  |  |  | Yes / No |
| AddressPostcode | Email address |
| Home Phone | Mobile | Work Phone |  | Main Phone Number |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Priority | Title | First Name | Surname | Gender | Relationship to child | Parental Responsibility |
| 2 |  |  |  |  |  | Yes / No |
| AddressPostcode | Email address |
| Home Phone | Mobile | Work Phone |  | Main Phone Number |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Priority | Title | First Name | Surname | Gender | Relationship to child | Parental Responsibility |
| 3 |  |  |  |  |  | Yes / No |
| AddressPostcode | Email address |
| Home Phone | Mobile | Work Phone |  | Main Phone Number |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Priority | Title | First Name | Surname | Gender | Relationship to child | Parental Responsibility |
| 4 |  |  |  |  |  | Yes / No |
| AddressPostcode | Email address |
| Home Phone | Mobile | Work Phone |  | Main Phone Number |
|  |  |  |  |  |

The Department for Education has asked schools to collect the following information. Any disabilities must have involved medical practitioners’ advice and not based on personal opinion.

❑No disability ❑Problems with ASD/Aspergers ❑Problems with Behaviour

❑Problems with Communication ❑Problems with Consciousness ❑Problems with Eating and Drinking

❑Problems with Hand function ❑Problems with Hearing ❑Problems with Incontinence

❑Problems with Learning ❑Problems with Medication ❑Problems with Mobility

❑Problems with Palliative care needs❑Problems with Personal care ❑Problems with Vision

❑Other Disability/health

Is there any more information you wish to add?

Please provide details of any medical conditions, allergies or special/modified diets that the school should be aware of and any emergency action that should be taken. This information is particularly important if your child has school meals or may take them in the future and also as the children are involved in baking activities regularly in class (eg Asthma, Epilepsy, Allergies to bee stings, Nut allergies, Face Painting)

\* It should be noted that the Catering Service displays the following in the dining facilities:-

**Due to production methods employed by the School Meals Service, there is a possibility that nut traces may be found in any menu item**

**Offsite Visits**

As part of all children’s cross-curricular studies at school, we regularly take them into the local environment or on educational visits. When you sign this form you will be giving permission for these activities for the full time your child is a pupil at Berry Brow Infant and Nursery School. However, you will receive full details for out of area visits.

I confirm that the above information is correct Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Protection Act 1998 – The School is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and The School Standards and Framework Act 1998. Some of this data will be shared with the Local Authority and may be shared with other agencies that are involved in the health and welfare of school children.

The information on this form will be kept in accordance with the General Data Protection Regulation (EU) 2016/679.