



Child's Information:

Surname:/family name on birth certificate _____ Male/Female*

All Forenames: _____

To be known as: _____ DOB: _____

Birth Cert: Given already/attached for checking* Ethnic origin _____

Home Address _____ Religion _____

_____ Home Language _____

_____ First Language _____

Post code _____

Home Telephone Number _____ Nationality _____

Date of arrival in UK (if relevant) _____

Parents(s)/Guardian(s) who shares responsibility for the child:

Name of Father/Guardian _____ Name of Mother/Guardian _____

Mr _____ _____

Address: _____ Address: _____

_____ _____

_____ _____

Place of Work: _____ Place of Work _____

Mobile Tel _____ Mobile Tel _____

Daytime/work Tel _____ Daytime/work Tel _____

Email address: _____ Email address: _____

Contact in order: 1 2 3 4 5 (please circle) Contact in order: 1 2 3 4 5 (please circle)

Emergency Contacts

If day time contact is difficult please give two persons who may be contacted in an emergency to act on your behalf.

Name	Relationship	Telephone No.	Contact in order 1/2/3/4/5
_____	_____	_____	_____
_____	_____	_____	_____

Custody & Court Orders

The school needs to know of any Court Orders affecting your child, please indicate whether any Order is in force for you child. Yes / No

Copy of court order attached Yes / No

Medical

Family Doctor _____

Other Services involved with your child _____

Name _____

Children's services/Educational Psychologist/Bilingual support/Speech _____

Surgery _____

Therapist/Family Guidance/Portage/Assessment Unit/ Other please _____

Address _____

list. _____

Childs Health - health concerns or medical issues (eg. Hearing/sight/allergies/inhalers special conditions/need for regular medical appointments - please list _____

Dietary Needs

Yes / No (if yes please list details and we can forward necessary links) _____

Previous School/Nursery

Name _____ Dates of attending _____

Reason for leaving _____

Other Siblings (names) _____

Free School Meals

The information in this section will be used by the school or local authority to check your child's eligibility for free school meals and pupil premium eligibility (the completion of this box is optional) registering for FSM could raise funds or valuable support for your child. The additional money is available from central government for every child whose parent is receiving one of the following benefits:-

Income Support/Income-based Jobseekers Allowance- Income-related Employment and Support Allowance-Support from NASS under part 6 of the Immigration and Asylum act 1999 - The guarantee element of Pension Credit - Child Tax Credit (with no Working Tax Credit) - Working Tax Credit run-on - Universal Credit.

I give permission for FSM eligibility check to be carried out on my behalf:- Yes / No

Full Name (Parent):- _____

Date of Birth (Parent):- _____ National Insurance No :- _____

You can also perform your own FSM Eligibility check by visiting <https://www.cloudforedu.org.uk/ofsm/hants>

Other Information

Any other information that you feel we should be aware of (contact/language/religious considerations) _____

Do you - Walk to school - Use public transport - Travel by car - Cycle - Hampshire Transport.

Signature of parent / guardian _____

Date _____

The purpose of this form is to collect data for further processing within the school/LA systems. By signing this form you understand that the school/LA will process the data in the exercise of their statutory duties. The data will be processed in accordance with the purposes notified by the school/LA to the Information Commissioner's Office and specified on our Privacy Notice. Both the school and the LA are subject to data protection legislation. The information given will be entered onto a computer and will form part of the school's database. This information will also be shared with the school nurse and dental health and, as per the Privacy Notice, it may be used in support of our responsibilities to safeguard and promote the welfare of children. Schools cannot enrol a child and create an admission register without certain information, contained on this form.

The statutory guidance Working Together to Safeguard Children applies to all school and states that "Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of the children, whether this is when problems are first emerging, or where a child is already known to local authority children's social care". Further, it states that information should be shared in a timely manner. Schools will therefore transfer all child protection and child welfare records to any new education provider as soon as a child is enrolled in order to meet this duty.

Declaration of person with legal responsibility:

I declare the above information to be correct to the best of my knowledge at the time of completion.

I understand that I must notify the school of any change in my child's circumstances.

I understand that the school will transfer child protection and child welfare records to any new education provider as soon as my child is enrolled.

Signed: _____ Date: _____

Relationship to child: _____