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| --- | --- | --- | --- | --- | --- | --- |
| **LEGAL** (\*)FORENAME: | | MIDDLE NAME(S): | | **LEGAL(\*)** SURNAME: | | |
| *NOTE: \* Name on Birth Certificate will always be used as Legal Surname for exam and other purposes* | | | | | | |
| (FOR OFFICE USE ONLY) UPN NUMBER: | | | | | | |
| \*Preferred Surname (If applicable) | | | | | Date of Birth: | |
| \*Preferred Forename (If applicable) | | | | | Male / Female | |
| Student’s home address (inc postcode): | | | | | | |
| *Please complete all sections of this form.* ***We suggest you provide at least 3 emergency contacts.*** | | | | | | |
| **1st Emergency Contact** Mr / Mrs / Ms / Miss / Dr / other | | | | | | |
| **Full Name** |  | | **Relationship** | |  | |
| Do they have responsibility for student? Yes / No | | | Can they be contacted in emergency? Yes / No | | | |
| 1st Phone #: |  | | | | | (home / mobile / work) |
| 2nd Phone #: |  | | | | | (home / mobile / work) |
| E-mail address: |  | | | | | |
| Occupation: |  | | | | | |
| E-mail will only be used for sending information such as newsletters, parent evenings, general information etc. It will not be used for sending information regarding your child. We may text you if your child is absent and not had a message from you | | | | | | |
| Address inc postcode: (if different to student’s address) | | | | | | |
| **2nd Emergency Contact**: another person who can be contacted]Mr / Mrs / Ms / Miss / Dr / other | | | | | | |
| **Full Name** |  | | **Relationship** | |  | |
| Do they have responsibility for student? Yes / No | | | Can they be contacted in emergency? Yes / No | | | |
| 1st Phone #: |  | | | | | (home / mobile / work) |
| 2nd Phone #: |  | | | | | (home / mobile / work) |
| E-mail address: |  | | | | | |
| Occupation: |  | | | | | |
| E-mail will only be used for sending information such as newsletters, parent evenings, general information etc. It will not be used for sending information regarding your child. We may text you if your child is absent and not had a message from you | | | | | | |
| Address inc postcode: (if different to student’s address) | | | | | | |
| *In the unlikely event of an emergency, and parent(s) being unavailable, we will make decisions as appropriate. Your signature at the end of this form means that you have consented to this.* ***This may mean we have to call 999 or Social Services if we cannot reach your named contacts****. Below, please list, in order, other person(s) (step parents, other relative, child-minder, etc.) who can be contacted in an emergency***.PLEASE** consider that these people may need to be contacted if your child is sick or injured and we cannot contact 1st or 2nd names contacts. | | | | | | |
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| **3rd Emergency Contact** Mr / Mrs / Ms / Miss / Dr / other | | | | |
| **Full Name** |  | **Relationship** |  | |
| Do they have responsibility for student? Yes / No | | Can they be contacted in emergency? Yes / No | | |
| 1st Phone #: |  | | | (home / mobile / work) |
| 2nd Phone #: |  | | | (home / mobile / work) |
| Address inc postcode: (*if different to student’s address)* | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4th Emergency Contact** Mr / Mrs / Ms / Miss / Dr / other | | | | |
| **Full Name** |  | **Relationship** |  | |
| Do they have responsibility for student? Yes / No | | Can they be contacted in emergency? Yes / No | | |
| 1st Phone #: |  | | | (home / mobile / work) |
| 2nd Phone #: |  | | | (home / mobile / work) |
| Address inc postcode: (*if different to student’s address)* | | | | |

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| **FREE SCHOOL MEALS -** Are you receiving any State Benefits? DfE provide schools with additional Pupil Premium funding to help support children’s educational if their parents receive certain benefits. This applies even for children aged 4 to 7 years who are entitled to a daily meal anyway. If you are on benefits please complete the attached form or contact the school office. Additional information can be found on the school website and also at www.rbwm.gov.uk. | | | | | | | | |  |
| If you are receiving Social Care support please insert name of Social Worker: | | | | |  | | | | |
| Please insert name of regiment if child is living at same  address as **parent who is currently serving in HM Forces:** | | | | |  | | | | |
| The DfE now allocate Pupil Premium funding to schools for children who have ceased to be looked after under certain criteria - please see the attached information or contact the school office. | | | | | | | | | |
| **SIBLINGS** – Please insert details of any brothers/sisters in family | | | | | | | | | |
| Name: | | | Date of Birth: | | | | School: | | |
| Name: | | | Date of Birth: | | | | School: | | |
| Name: | | | Date of Birth: | | | | School: | | |
| **DIETRY INFORMATION:** | | | | | | | | | |
| Please indicate if: Halal / Kosher / No diary / No nuts / no pork / seafood allergy / vegetarian / other | | | | | | | | | |
| If your child has an **allergy** to any of the following foods please circle: | | | | | | | | | |
| Peanut | Milk | Crustacean | | Soybean | | Fish | | Eggs | |
| Celery | Nuts | Sesame Seeds | | Mustand | | Lupin | | Mollosc | |
| Gluten | Sulphites | Other (please specify): | | | |  | |  | |
| Please indicate below if your child has any dietary **intolerance**  **NOTE: It is the responsibility of parents to inform school immediately of any changes to above** | | | | | | | | | |

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| **MEDICAL INFORMATION:** | | | |
| Family Doctor: | | Phone Number |
| Practice Address | | | |
| **MEDICAL CONDITIONS:** Please indicate if there are any medical conditions that may affect your son/daughter’s education or require attention at school i.e. asthma, diabetes, eczema, etc: (Please note it is the responsibility of the parents to advise the school immediately of any changes | | | |
| Condition | | List any medication to be taken during school day | |
|  | |  | |
|  | |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **ETHNICITY -** Our ethnic background describes how we think of ourselves. This may be based on many things, including your skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.** Please tick (√) or **circle** to indicate ethnicity. | | | | | | Afghan | Black - European | Kashmiri Other | Polynesian | White welsh | | African Asian | Black - North American | Korean | Portuguese | White & any other Asian background | | Albanian | Bosnian-Herzegovinian | Kosovan | Refused | | Arab | Chinese | Kurdish | Serbian | White and any other ethnic group | | Asian & any other ethnic group | Chinese + any other ethnic group | Latin/South/Central American | Singaporean Chinese | | Sri Lankan Other | White and Black African | | Asian & black | Croatian | Lebanese | Sri Lankan Sinhalese | | Asian & Chinese | Egyptian | Libyan | Sri Lankan Tamil | White and black Caribbean | | Bangladeshi | Filipino | Malay | Taiwanese | | Black – Angolan | Greek | Malaysian Chinese | Thai | White and Chinese | | Black – Congolese | Greek Cypriot | Mirpuri Pakistani | Traveler of Irish heritage | White eastern European | | Black – Ghanaian | Gypsy / Roma | Moroccan | | Black – Nigerian | Hong Kong Chinese | Nepali | Turkish | White and Indian | | Black –Sierra Leonean | Indian | Other Black African | Turkish Cypriot | White and Pakistani | | Black –Somali | Iranian | Other Chinese | Vietnamese | White European | | Black –Sudanese | Iraqi | Other ethnic group | White Cornish | White other | | Black & any other ethnic group | Italian | Other mixed background | White English | White western European | | Black –and Chinese | Japanese | Other Pakistani | White Irish | Yemeni | | Black - Caribbean | Kashmiri Pakistani | Other White British | White Scottish |  | | | |

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| **LANGUAGE – Please indicted the language MOST spoken by your child** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Afrikaans | **English** | Kashmiri | Panjabi (Pothwari) | Swahili/Kiswahili |
| Arabic | Estonian | Konkani | Polish | Swedish |
| Arabic (Any other) | Fijian | Lithuanian | Portuguese | Tamil |
| Bengali (Any other) | Finnish | Latvian | Persian/Farsi | Tagolog/Filipino |
| Bengali (Sylheti) | French | Manding/Malinke (Mandinka) | Farsi/Persian (Any other) | Thai |
| Bulgarian | Gaelic/Irish | Berber (Tamashek) |
| Chichewa/Nyanja | Gaelic (Scotland) | Marathi | Dari Persian | Traveller Irish/Shelta |
| Greek | German | Romanian | Turkish |
| Caribbean Creole French | Malyalam | Malay/Indonesian | Russian | Ukrainian |
| Gujarati | Nepali | Serbian / Croation / Bosnian | Urdu |
| Chinese (Any other) | Hebrew | Norwegian | Vietnamese |
| Chinese (Cantonese) | Hungarian | Pashto/Pakhto | Shona | Visayan/Bisaya |
| Hindi | Panjabi | Slovak | Yoruba |
| Chinese (Madarin / Putonghau) | Italian | Panjabi (Any other) | Slovenian | **Other Language** |
| Javanese | Panjabi (Gurmukhi) | Sinhala |
| Welsh/Cymraeg | Japanese | Panjabi (Mirpuri) | Somali |
| Czech |  |  | Spanish | **Refused** |

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| **ENGLISH AS A SECOND LANGUAGE:** Is English your child’s second language? | **Yes / No** |

**COUNTRY OF BIRTH & NATIONALITY**

|  |  |
| --- | --- |
| Please insert below the pupil's **COUNTRY OF BIRTH** as appears on, or as can be derived from, the pupil’s birth certificate. It may also be as appears on, or as can be derived from, the passport. | Please insert below the pupil's **NATIONALITY.**  The pupil's nationality would be expected to be as appears on, or as can be derived from, the pupil’s passport or EEA (European Economic Area) identity card. |

# RELIGION: Please indicate your child’s religion:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buddhist | Christian | Hindu | Jewish | Muslim |
| Sikh | None | Other | Decline to say | |

**MEAL OPTION:**

**Please indicate the main option your child will have at lunchtime (*this is for statistical purposes, not* catering):**

|  |  |  |
| --- | --- | --- |
| School Meal | Packed Lunch | A Mixture |

**FREE SCHOOL MEALS:**

|  |  |
| --- | --- |
| If you are in receipt of any State benefits, your son / daughter may be entitled to “Free School Meals” - please tick here, or contact the school office for more information.  **This eligibility provides funding for more than school meals: trips, activities, daily milk etc and applies to children aged 4-7 who are entitled to a daily meal anyway.** |  |
| If your son / daughter is already in receipt of **Free School Meals** please tick here and provide a copy of your most recent benefit award. |  |

**DISABILITY:** Please indicate if your child has a problem or disability in any of the following categories:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DISABILITY OR PROBLEMS WITH:** | | | No disability | |
| Autism /  Asperger's syndrome | Consciousness | Hearing | Medication | Palliative care needs |
| Behaviour | Eating & Drinking | Incontinence | Mobility | Personal care |
| Communication | Hand function | Learning | Other (details below) | Vision |

**ANY OTHER INFORMATION:**

|  |
| --- |
| *Please use this space to record any information that we should know about your child. We want to help them settle is as quickly as possible* |

**PREVIOUS SCHOOL or PRE-SCHOOl** – Please insert details:

|  |  |  |
| --- | --- | --- |
| **School Name:** |  | |
| Address: |  | Phone: |
| Postcode: |
| Dates attended: | From: | To: |

*RBWM and RBWM Schools support the objectives of the Data Protection Act 1998. They are registered as a data controller to process data. Any information you provide will be treated with the strictest confidence and will only be used for RBWM and RBWM School purposes.*

|  |  |
| --- | --- |
| I confirm that I have completed all areas of this document, and by signing agree to permissions required. | |
| **Signature of Parent/Carer responsible for student** | **Signature of Parent/Carer responsible for student** |
| Print Name: | Print Name: |
| Dated: | Dated: |