

All schools are required by law to keep on record details of children admitted, including specific questions included on our database system (SIMS) which is required by the Schools Management Information Team. We would therefore be grateful if you could complete this form and return it to the school office as soon as possible.

The information which is provided by you on this form is subject to the Data Protection Act 1998. It is strictly confidential and may only be accessed by those who have a legal right to see it, e.g. if there is a Safeguarding enquiry. The information will not be given to anyone else without your written consent.

Please help us to keep this information up-to-date and if any changes occur, especially to address and contact details, please inform the school office immediately.

**Please either enclose a copy of your child’s birth certificate, or present it to the school office where a photocopy can be taken for you.**

*Please tick questions where required*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name of Child/Young Person: | | | Male |  | Female |  |
| Date of Birth: | Date of Admission: | Birth Certificate checked at school  *(Date and signature of staff member)* | | | | |
| UPN:  *(completed by school)* | | Admission No.  *(completed by school)* | | | | |
| Child/Young Person’s Permanent Address: | | | | | | |
|  | | | | | | |
| Post Code: | | Tel No: | | | | |
| Proof of address as supplied by Parent(s)  (Date and signature of staff member) | | | | | | |
| Child/Young Person’s Nationality: | | Child/Young Person’s Religion: | | | | |
| Language normally spoken in the child/young person’s home: | | Child/Young Person’s First Language: | | | | |
| Child/Young Persons Country of Birth | | Child/Young Persons Passport Number | | | | |

**DETAILS OF PARENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| Mother: (Name) | | Father: (Name) | |
| Address (if different from above) | | Address (if different from above) | |
|  | |  | |
|  | |  | |
| Post Code: | | Post Code: | |
| Tel No:  Tel No: | Home: | Tel No:  Tel No: | Home: |
| Occupation: | Occupation: |
| Work: *(For emergency contact only)* | Work: *(For emergency contact only)* |
| Email: | | Email: | |
| Parent’s First Language: | | Parent’s First Language: | |
| Is an Interpreter required for meetings?  Yes/No (please circle) | | Is an Interpreter required for meetings?  Yes/No (please circle) | |

|  |
| --- |
| With whom does the child/young person normally live? Mother/father/both parents/foster carers (please circle) |
| Is the child/young person’s parent in the Armed Forces? Yes/No (please circle) |
| If parents are separated or divorced, has a court order been issued? Yes/No (please circle)  If the answer is yes, please provide a copy of the legal document.  (The school has a legal responsibility to send correspondence to both parents unless a Court Order has been issued). |

**DETAILS OF ANY OTHER PERSON(S) WITH PARENTAL RESPONSIBILITY (i.e. Foster Carers)**

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
|  |  |
|  |  |
| Post Code: | Post Code: |
| Tel No: | Tel No: |
| Email: | Email: |
| Signature of person with parental responsibility | Signature of person with parental responsibility |
| Name of Social Worker |  |
| Contact telephone numbers | Office:  Mobile: |
| Email Address: |  |

**PLEASE ATTACH A COPY OF ANY CARE ORDERS RELATING TO THIS CHILD**

Copy of Care Order Attached

**DETAILS OF TWO PERSONS WILLING TO BE CONTACTED IN THE CASE OF AN EMERGENCY IF PARENT/CARER IS NOT AVAILABLE**

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
|  |  |
|  |  |
| Post Code: | Post Code: |
| Tel No: | Tel No: |
| Relationship to the child: | Relationship to the child: |

**DETAILS OF PREVIOUS SCHOOL/NURSERY**

|  |  |
| --- | --- |
| Name of School: | Education Authority: |
| Address: | Telephone Number: |
| Date of Leaving: |  |

**TRANSPORT INFORMATION**

|  |  |
| --- | --- |
| Transported by Parents | **Please tick** |
| Name of Taxi Company (LA provided) | Telephone Number: |

**DETAILS OF CHILD/YOUNG PERSON’S DOCTOR DETAILS OF ANY OTHER CLINIC/HOSPITAL**

**THAT THE CHILD/YOUNG PERSON ATTENDS**

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
|  |  |
|  |  |
| Post Code: | Post Code: |
| Tel No: | Tel No: |
| Child’s NHS Number: |  |

Signed (Parent/Carer)

Date:

**Education and skills **

creating opportunity, releasing potential, achieving excellence

**PUPILS ETHNIC MONITORING QUESTIONNAIRE**

**Notes for Parents**

All schools are required by the Department of Education and Skills to collect information on pupils’ ethnic background. Parents/Guardians of all pupils are being asked to tick one box on this form.

Our ethnic background describes how we think of ourselves. This may be based on many things, including for example our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

It is recommended that young people over the age of 11 years old have the opportunity to decide their own ethnic identity. Parents/Guardians are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below carefully and tick one box only to indicate the ethnic background of the pupil or child named. Should you not wish an ethnic category to be recorded please tick the box at the end of the questionnaire. Please also tick whether a parent/guardian or pupil filled in the form.

Pupil/Young Person’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form has been completed by:  Parent/Guardian or  Pupil/Young Person

**White**

|  |  |  |  |
| --- | --- | --- | --- |
|  | English |  | Greek Cypriot |
|  | Scottish |  | Gypsy/Roma |
|  | Welsh |  | Kosovan |
|  | Other White British |  | Portuguese |
|  | Irish |  | Turkish |
|  | Traveller of Irish Heritage |  | Turkish Cypriot |
|  | Coation |  | White Eastern European |
|  | Greek |  | White Other |

**Asian or Asian British**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Indian |  | Nepali |
|  | Pakistani |  | Sri Lankan Tamil |
|  | Bangladeshi |  | Other Asian |
|  | African Asian |  |  |

**Mixed/Dual Background**

|  |  |  |  |
| --- | --- | --- | --- |
|  | White and black Caribbean |  | Asian and other ethnic group |
|  | White and black African |  | Black and any other ethnic group |
|  | White and Pakistani |  | Chinese and any other ethnic group |
|  | White and Indian |  | White and any other ethnic group |
|  | White and any other Asian background |  | Other mixed background |

**Black and Black British**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Caribbean |  | Any other black background |
|  | African |  |  |

**Chinese**

|  |  |
| --- | --- |
|  | Chinese |

**Any Other Ethnic Group**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Afghan |  | Kurdish |
|  | Arab other |  | Latin/South/Central American |
|  | Egyptian |  | Lebanese |
|  | Filipino |  | Malay |
|  | Iranian |  | Thai |
|  | Iraqu |  | Vietnamese |
|  | Japanese |  | Any other ethnic group |

|  |  |
| --- | --- |
|  | I do not wish an ethnic background category to be recorded |