



# WOODLANDS PRIMARY SCHOOL



## SUNBEAMS

### DATA COLLECTION

#### CONFIDENTIAL PUPIL INFORMATION FORM

Although the school office already hold information for your child, our Out of School club also require this information. Please complete both sides of this form and return to a member of Sunbeams Staff.

**WE DO NOT ASK FOR ANY INFORMATION THAT IS EITHER NOT STATUTORY OR REQUIRED FOR THE SAFETY AND WELLBEING OF YOUR CHILD.**

Child's Forename: ..... Middle Name: ..... Surname:.....

Preferred Name (if different):..... Date of Birth: .....

Address: .....

Gender M / F Is your child adopted or fostered? Y / N

Sibling(s) already in school: .....

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**Details of parents: *This information is required to enable the school and Education Authority to meet their legal obligations.***

Natural Mother (Mrs/Miss/Ms): ..... Parental Responsibility: Yes/No

Address including postcode (if different from child):  
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Work Phone no: ..... Mobile no: .....

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Natural Father: ..... Parental Responsibility: Yes/No

Address including postcode (if different from child):  
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Work Phone no: ..... Mobile no: .....

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**Additional contact(s) for your child:**  
If we are unable to contact a parent, we will call this person in an emergency or if your child is unwell.  
*(Please state relationship to child eg: grandad, auntie, stepfather, childminder etc)*

1. Name: ..... Relationship: .....

Home Phone no:..... Work no:.....

Mobile no: .....

2. Name: ..... Relationship: .....

Home Phone no:..... Work no:.....

Mobile no: .....

PLEASE COMPLETE THIS FORM ON BOTH SIDES AND RETURN TO SUNBEAMS

**PLEASE TICK ONE IN EACH COLUMN:**

<b>Ethnic Origin</b>	<b>Home Language</b>	<b>Religion</b>
White – British	Arabic	Anglican
White – Irish	Bengali	Buddhist
White - Traveller of Irish Heritage	Chinese	Christian
Any other White Background	English	Hindu
Mixed - White and Black Caribbean	French	Jewish
Mixed - White and Black African	Hindi	Methodist
Mixed - White and Asian	Italian	Muslim
Any other Mixed Background	Japanese	No Religion
Asian or Asian British	Kurdish	Other – Please specify
Indian	Polish	Refused
Pakistan	Spanish	Roman Catholic
Bangladeshi	Turkish	Sikh
Any other Asian Background		
Black or Black British	Other – please specify	
Caribbean		
African		
Any other Black Background		
Chinese		

**MEDICAL INFORMATION**

**Medical Practice:** ..... **Telephone no:** .....

Any information considered important eg allergies, diet etc. should be notified to school. It is imperative that we have any relevant information.

**Details of any allergies/medical conditions:** .....

For a diagnosed allergy, a Care Plan must be obtained from your GP and submitted to school.

**Details of Disability/SEN:** .....

Full details should be discussed with Class Teacher / SENCO / Headteacher

**Asthmatic YES/NO**

**If so, is inhaler required, please provide details:** .....

If an inhaler or medicines are to be held in school, please complete a 'Request for Medicine to be Given' form. It is important to ensure that the child's name is on any medical items held in school and that dosage instructions are included.

**Other relevant information, i.e. dietary/religious needs:**

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**Parent/Carer Signature:**..... **Date:**.....