**Student Profile**

Name of Pupil: Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­

Middle names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female

Name of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Address:

Mobile Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address Father:

Email Address Mother:

Does your child have a sibling at this school? Yes No

If yes, please provide sibling’s full names and class:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give details of any other adults who has permission to collect your child/ren from school and can be contacted in the event the school is unable to contact you.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Surname** | **Telephone No** | **Relationship to child** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please give details of an emergency contact**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Schooling**

Name of school/Nursery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical and Care Information**

Medical Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: Telephone Number:

Address:

Does your child have any of the following medical conditions?

Asthma Diabetes Epilepsy Eczema Other

**If other, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will they need to keep medication at school?**

Yes The medication is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No, medication only used at home if needed.**

**Does your child suffer from allergies?** Yes No **If yes please specify:**

Nuts Eggs Fish Diary Other

**Will they need to keep medication at school?**

Yes The medication is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No, medication only used at home if needed.**

**Dietary Information:**

School Dinners Packed Lunch Home Lunch

 **Please note that fizzy drinks and sugary snacks are not permitted.**

**Ethnicity Questionnaire**

|  |  |
| --- | --- |
| **White** * Albanian
* English
* Greek/Greek Cypriot
* Gypsy/Roma
* Irish
* Scottish
* Traveller or Irish Heritage
* Turkish
* Turkish Cypriot
* Welsh
* White Eastern European
* White Western European
* White Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mixed*** White and Black Caribbean
* White and black African
* White and Asian
* Any other mixed background

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Asian*** Indian
* Pakistani
* Bangladeshi
* Any other Asian Background

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Black and Black British*** Caribbean
* Angolan
* Congolese
* Ghanaian
* Nigerian
* Sierra Leone
* Sudanese
* Other Black African
* Any other black background

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Chinese*** Chinese

**Any Other ethnic Group*** Afghan
* Kurdish
* Latin/South American/Central American
* Vietnamese
* Any other ethnic group
 |

**Please circle to indicate the religious background of your child:**

* Buddhist
* Christian
* Hindu
* Muslim
* Jewish
* Sikh
* No Religion Prefer not to say
* Other religion (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Language spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is English your child’s first language? Yes No

If no please state their first language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional information:**

How will your child be travelling to and from school?

Bus Car Cycle Tube Walk Train

(provide walk home from school letter if child is in Year 5 or 6)

**Photograph Consent:**

Do you give consent for your child to be filmed or photographed for school purposes, published in newsletter, website and twitter?

Yes No

**Local Trip Consent:**

Do you give permission for your child to attend local school visits with their class teacher? Yes No

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Allocation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist:**

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| **1. School Routines** |
| The school day: 9am  |  |
| Playcentre for under 5’s (£12 per day, breakfast Club £2 per day) |  |
| Talk about attendance / punctuality |  |
| Talk about Child Protection monitoring (we have a legal obligation to the child and if there is a disclosure, we have to report it to Children’s Services) |  |
| No racism – pupils or parents (If you feel that your child is being bullied or racist comments being made, then please speak to your child’s class teacher or the Headteacher) |  |
| Anti-bullying procedures |  |
| Talk about: PE: PE kit |  |

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| --- |
| **2. About your child** |
| Previous school/playgroup? |  |
| If from Abroad has the child attended school in previous country? |  |
| If yes at what year group or age did the child last attend?  |  |
| **Nursery Fulltime ONLY** – Please provide your 30 hour code & NI Number |  |
| **30HR CODE NI NUMBER** |  |

|  |
| --- |
| **3. Learning** |
| Expectation of home support (essential to success), work, achievement |  |
| Book Bag and Reading, importance of home reading  |  |
| Homework: being read to, learning sounds and to read and write letter sounds |  |
| R.E – learn and respect – NOT convert |  |

|  |
| --- |
| **4. Forms to fill in** |
| Home School Agreement |  |
| Permission for trips |  |
| Permission for photographs |  |
| Uniform: Mention sweatshirts and price Encourage to have Name Tags |  |
| Playcentre and Breakfast Club Form |  |
| Latest Newsletter |  |
| Behavior Leaflet |  |
| E-Safety Leaflet |  |

|  |  |
| --- | --- |
| ***Show class if they don’t know and where to meet in the morning and end of day*** |  |