Chapel Haddlesey C of E Primary School

Child Record Form 2019/20

Please complete the information below. These details will only be used in relation to the Children Act 1989 and 2002.

Child's Details: Please bring the child's birth certificate or adoption order to school for copying. This proves the child's									
entitlement to edi	ucation.	D . (D: 1)	<u> </u>						
Full Name		Date of Birth							
Address		Home Telephone	9						
		number							
Post code									
Home email		Previous School							
Nursery if applicable									
Parent/Family Contact Details Priority One Contact (Please remember to update the office with any changes, especially mobile numbers)									
Full Name	react (Please remember to update the o	Relationship	riges, especi	ally mobile numbers)					
Tuli Name		Relationship							
Address		Home							
		telephone							
Post code									
Work		Mobile							
Telephone Email Address		Telephone							
Email Address		Receive texts & newsletters?							
I have parental r	rosponsibility for the shild named above								
I have parental responsibility for the child named above. Signed Date									
Priority Two Contact									
Full Name		Relationship							
Address		Home							
		telephone							
Work		Mobile							
Telephone		Telephone							
Email Address		Receive texts							
		& newsletters?							
I have parental responsibility for the child named above.									
Signed Date									
Priority Three Co	ontact	Delette edete							
Full Name		Relationship							
Address									
Talambana mumah	bers: 1 st	2 nd	2						
Telephone numbers: 1 st 2 nd 3rd Child's Medical Details & Contacts									
Doctor Name	Details & Contacts	Surgery Name							
Surgery		Surgery							
Address		Telephone							
Post Code		number							
Do we have your	YES / NO	Details of any							
permission to	Signed	existing medical							
contact your child's doctor in		conditions that your child has?							
an emergency?	Date	your crina rias:							
Details of any		Permission is	First Aid	Yes/No					
known		given to	Non	Yes/No					
allergies		administrator	Alcoholic						
		first aid?	Wipes						
			Plasters	Yes/No					

In the event of an accident or injury requiring hospital treatment the school will make every effort to contact me,									
should this prove impossible, I consent to any emergency treatment necessary.									
Signed: Date:									
Other Information									
Are you in receipt of any of the following? (please tick)									
Income Support			Income-based Job seekers Allowance						
Income-related Employment and Support			Support under Asylum Act 19	Part 6 of the Immigration and					
Allowance A run-on of Working Tax Credit - paid for 4			Child Tax Cred						
weeks after you stop qualifying for Working Tax			entitled to Wo						
Credit Credit			annual gross ir						
			£16,190) Universal Credit, (provided you have an						
the guarantee element of Pension Credit			Universal Cred annual net ear £7,400)						
Is your child eligible for Service Child Pupil Premium funding? (please tick criteria below)									
Either parent is serving in the regular armed			One of the parents died whilst serving in the						
forces?			armed forces a						
The child has been registered as a 'Service			pension? Fither parent i						
child' in a school census since 2011?			Either parent is on full commitment as part of the full time reserve service?						
•	een made the subject of an adop				No .				
Has your child any of the following orders decided by the courts? (please tick)									
Residence orders			Emergency pro						
Contact order			Care order or i						
Specific issue order			Supervision or						
Prohibited steps order			Education sup						
Child protection order									
Photographs									
-	e consent for my child to be phot								
I give/do not give consent for my child to be photographed for use in the local press as a <u>class group photo.</u>									
	e consent for my child's name to		•						
	· · · · · · · · · · · · · · · · · · ·			n the school website & school me					
I give/do not give consent for my child's photo to be used on the school Facebook page (no names will be used).									
Signed:			Date:						
Ethnicity Ethnic background describes how we think of ourselves, it is not the same as nationality of country of birth (please tick)									
White	British	3, 11 13 11	Mixed/dual	White & Black Caribbean	tick)				
Willie	Irish		Background	White & Black African					
	Traveller of Irish Heritage			White & Asian					
	Gypsy/Roma			Any other mixed background					
	Any other white background			7 my other mixed background					
Asian or Asian	Indian		Black or	Caribbean					
British	Pakistani		black British	African					
	Bangladeshi		2.00.	Any other black background					
	Any other Asian Background			7 my other block background					
Chinese	Chinese		Any other	Any other ethnic background					
Į.	not wish an ethnic background to be recorded								
Siblings									
			Child's date of birth						
Child's name			Child's date of birth						
Ciliu 3 name			Cina 3 date of bil al						