



May 2019

Information for school records

Dear Parents/Carers,

As I am sure you are aware it is crucial that we have accurate personal data records for all of our students both for ease of administration and for students' own safety. We would be grateful if you could complete the enclosed 'Information for school records' form and return it to your son/daughter's primary school by Friday 24th May 2019. **Please be aware that it is a legal requirement for us to hold at least two contact numbers for each student.** You may have read in the national news that there have been serious incidents, where parents/carers have not been contactable and therefore it is essential that we are updated with any changes to contact names, numbers or addresses.

We look forward to meeting your son/daughter during the transition week and you on the 'New Intake Evening'. In the meantime, if you have any questions, please do not hesitate to contact us at the school.

Yours sincerely,

James Wilkinson
Assistant headteacher (head of Borrington Site)

KING CHARLES I SCHOOL



Information for School Records

Please leave no section blank. Write nil or delete.

CONFIDENTIAL

There must be included in the School Admission Register in respect of each student the name and address of every person known to be a parent. In addition, there needs to be a list of all persons who have "parental responsibility" for each student as defined in the Children Act 1989. "Parental responsibility" means having "all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property".

As it is vital that the school has full information on "parental responsibility" in relation to each student, you are asked to answer the following questions as necessary.

1. Child's <u>Legal</u> Surname:	2. Legal First Names (in full)
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Date of Birth (day/month/year)				All this information should be shown on the above child's birth certificate.
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3. If there has been any subsequent change, please explain.	Gender (Please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>
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4. Child's Home Address:

Post Code: _____ **Home Telephone Number:** _____

Full name of person with whom child is <u>currently living</u>:	Title: Mr/Mrs/ Ms/Miss	Relationship:*
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Day Contact Number:	Mobile Number**:
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Email Address:** _____

CONTACT PRIORITY: 1, 2, 3 or 4 (please circle)**	Parental Responsibility: Yes/No
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Did you attend university? Yes / No

Full name of person with whom child is <u>currently living</u>:	Title: Mr/Mrs/ Ms/Miss	Relationship:*
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Day Contact Number:	Mobile Number**:
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Email Address:** _____

CONTACT PRIORITY: 1, 2, 3 or 4 (please circle)**	Parental Responsibility: Yes/No
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Did you attend university? Yes / No

*Relationship(s) to child (e.g. mother, father, grandmother, aunt, foster parents etc.)

**Please note that the School operates a system of communication with parents/carers which allows us to send information via email/text. It is important to remember that, for operational reasons, only contacts with parental responsibility will receive message notification.

Under the terms of the Children Act 1989 certain other people may have what is called by the Act "parental responsibility" for the child. These people may include the child's mother; the father if the parents were married at the time of the birth; the father even if the parents were not married at the time of the birth provided that he has acquired that responsibility by a court order or by means of a document in a proper legal form and agreed by the mother; or a step-parent. The requirements of the Children Act are such that the school will need to know the name and address of everyone who has parental responsibility for the child and to send those people copies of school reports and keep them informed. Accordingly you are asked to list below any other people who in your knowledge have parental responsibility for the child.

Name	Relationship	Address
a)		
b)		

**5. ADDITIONAL EMERGENCY CONTACTS
(OTHER THAN THOSE ON PAGE 1, SECTION 4)**

**IT IS ESSENTIAL TO BE ABLE TO MAKE CONTACT IN AN EMERGENCY
PLEASE NOTE THAT THE PERSON WHO IS NAMED AS FIRST CONTACT
(PAGE 1, SECTION 4) WILL ALWAYS BE CONTACTED FIRST OF ALL. IT IS
ALSO A LEGAL REQUIREMENT FOR US TO HOLD AT LEAST 2 CONTACT
NUMBERS FOR EACH STUDENT**

<p>Additional Contact (if applicable): Surname: Forename: Title: Day Phone: Mobile Phone: Home Address: Post Code: Relationship: Parental Responsibility: Yes/No CONTACT PRIORITY: 1, 2, 3 or 4 (please circle)</p>	<p>Additional Contact (if applicable): Surname: Forename: Title: Day Phone: Mobile Phone: Home Address: Post Code: Relationship: Parental Responsibility: Yes/No CONTACT PRIORITY: 1, 2, 3 or 4 (please circle)</p>
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**PLEASE ENSURE THAT IF YOUR CONTACT DETAILS CHANGE, YOU
INFORM THE SCHOOL IMMEDIATELY. FAILURE TO DO SO MAY RESULT IN
DELAYS IN INFORMING YOU OF AN EMERGENCY SITUATION.**

6. TRAVEL ARRANGEMENTS – Please tick appropriate box (If bus please state the bus service number.)

- Bicycle
 Car
 Walks
 Public Transport
 Taxi
 Train
 School Coach/Bus
 Other (Please state)

7. Are there any special circumstances affecting your child (not included on page 3) which you feel the School should know? E.g. Does your child play an active role in regularly caring for other members of your family?

8. PREVIOUS SCHOOL (Please fill in as appropriate)

Name:	Date started:	Date left:
Address:		
Telephone number:		

Medical Record Sheet

**IT IS VITALLY IMPORTANT THAT WE HAVE ALL RELEVANT MEDICAL INFORMATION
AND ARE KEPT UP TO DATE OF ANY CHANGES TO THIS**

CHILD'S NAME:

Medical Practice:

Telephone No. of Practice:

Please indicate with a tick (✓) which of the following your child may suffer from, or wish us to take note of - please give full details where required.

		YES	NO
1.	Does he/she have a sight problem?		
	If yes, is it corrected by glasses?		
	If yes, is it corrected by contact lenses?		
2.	Any colour blindness?		
3.	Does he/she have a hearing problem?		
	When was his/her last hearing test?		
4.	Has he/she had Glandular Fever?		
5.	Does he/she suffer from Hay Fever?		
6.	Does he/she suffer from Asthma?		
7.	Does he/she suffer from Diabetes?		
	If yes, give details.		
8.	Does he/she suffer from Epilepsy?		
	If yes, are the attacks frequent?		
9.	Has he/she suffered from Eczema?		
10.	Does he/she suffer from any severe allergies?		
	If yes, give details.		
11.	Has he/she suffered from a kidney problem?		
	If yes, give details and date.		
12.	State any medical problem not listed above, e.g. major illnesses/operation/mental health problems, which may affect his/her schooling, dietary needs such as allergies to nuts or anything you feel we ought to know about.		
13.	Does he/she take any regular medication?	Yes	No
	If yes, give reason(s).		
14.	Is he/she left-handed <input type="checkbox"/> right-handed <input type="checkbox"/> or ambidextrous (both hands)? <input type="checkbox"/>		
	Please tick one box only.		

Ethnic Information

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.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Students aged 16 or over can make this decision for themselves.

Please study the list below to indicate the ethnic background of your child. Please also tick whether this section was filled in by you or your child.

1. Ethnic Origin (tick one box only)		2. Home Language (tick one box only)		4. Religion (tick one box only)	
White:		Bengali		Christian	
British		Cantonese		Hindu	
Irish		English		Jewish	
Traveller of Irish Heritage		Greek		Muslim	
Gypsy/Roma		Gujerati		Sikh	
Any other White background		Hindi		No Religion	
Mixed:		Italian		Other (Please specify)	
White & Black African		Portuguese			
White & Black Caribbean		Punjabi			
White & Asian		Spanish			
Any other mixed background		Turkish			
Asian or Asian British:		Urdu			
Indian		Other (Please specify)			
Pakistani					
Bangladeshi		3. First Language (tick one box only)			
Any other Asian background		English			
Black or Black British:		Other (Please specify)			
Caribbean					
African					
Any other Black background					
Chinese					
Any other background					
This information was provided by:		Parent		Student	

Students attend collective worship of a non-denominational style and Religious Education classes as part of the statutory curriculum unless parents specifically request that they be wholly or partly excused. If you wish your child to be excused indicate the extent of withdrawal and give a reason please.

Date _____

Parent's/Carer Signature _____