



Ryefield Primary School – Pupil Information Form

All information will be treated as confidential to the school

PLEASE PRINT CLEARLY



OFFICE USE ONLY:

Start Date.....Class:.....On Sims:.....Birth Certificate YES/NO
UPN number.....

Child's Legal Surname:..... Legal Forename(s):.....
Preferred Surname:..... Preferred Forename(s):.....
Gender: Male / Female Date of Birth:.....

NURSERY APPLICATIONS ONLY

Preference: AM Place / PM Place / All Day AM 8.45am – 11.45/PM 12.30 – 3.30/All Day 8.45 – 3.30

Parent(s)/Legal Guardian(s) with whom the child lives:

Name: Mr/Mrs/Miss/Ms Name: Mr/Mrs/Miss/Ms
.....
Relationship: Mother / Father / Guardian Relationship: Mother / Father / Guardian
Address:..... Address:.....
.....
Post Code:..... Post Code.....
Contact Number:..... Contact Number:.....
Work Contact Number..... Work Contact Number.....
Email..... Email.....

Should the school be unable to contact you, please provide additional emergency contact numbers below

Name: Mr/Mrs/Miss/Ms Name: Mr/Mrs/Miss/Ms
.....
Relationship to child Relationship to child
Contact Number:..... Contact Number:.....
Email..... Email.....

Is the child legally 'In Care'? if YES please provide the following information:

Carer's name, address and Tel: Social Worker's Name and Tel:
.....
Name of Local Authority:
.....

Please write any further information you wish to give about your child or family circumstances (court orders, access and contact)

.....
Signature: Parent/Carer)..... Date:.....

Child's previous school/Nursery or Playgroup:

Name and contact number	Town/City	Reason for leaving

If your child has a brother or sister in the school, please provide details.

Name:.....Class.....Year.....

MEDICAL INFORMATION

Knowledge about your children's health is vital if we are to help them to achieve their potential educationally. Would you please supply the following medical information about your child. This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school. If you wish to discuss your child's health confidentially please contact the School Nurse.

DIETARY NEEDS

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Artificial Colour Allergy | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> No Dairy Produce |
| <input type="checkbox"/> No nuts of any type | <input type="checkbox"/> No Pork | <input type="checkbox"/> Seafood Allergy |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Halal | <input type="checkbox"/> Other (Please Specify) |

.....

Child's Doctor Surgery:..... Address:.....

Tel:.....

- Does your child suffer from? Epilepsy Bowel or bladder problems Asthma
 Diabetes Eczema Any other medical condition

Does your child have a special educational need or disability which could have an impact on their learning? Yes/No

If Yes please give details.....

.....

Does your child attend any medical clinics? Yes/No If yes please give details.....

Is your child on Medication? Yes/No Does it need to be administered at school? Yes/No

Ethnicity, Home Language and Religion:

The Department for Education (DfE) has asked for the collection of information on ethnicity and first language of all pupils.

ETHNICITY

WHITE

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

MIXED

- White & Black Caribbean
- White & Black African
- White and Asian
- Any other mixed background

OTHER

- Chinese
- Any other ethnic group

ASIAN or ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other Black Background

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

FIRST LANGUAGE – The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Greek | <input type="checkbox"/> Polish | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Chinese Cantonese | <input type="checkbox"/> Hindi | <input type="checkbox"/> Shona | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese mandarin | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other (Please specify)..... |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Japanese | <input type="checkbox"/> Swahili | |
| <input type="checkbox"/> English | <input type="checkbox"/> Panjabi Gurmukhi) | <input type="checkbox"/> Tagalog/Fillipino | |
| <input type="checkbox"/> French | <input type="checkbox"/> Panjabi (Mirpuri) | <input type="checkbox"/> Tamil | |
| <input type="checkbox"/> German | <input type="checkbox"/> Pashto | <input type="checkbox"/> Thai | |
| <input type="checkbox"/> I do not wish a First language to be recorded | | | |

Country of birth:.....Nationality.....

Home Language Spoken:.....Religion:.....

Is English an additional language? Yes No

Asylum Status Asylum Seeker Refugee N/A

If English is an additional language, what level do you consider your child to be at?

Fluent Average Poor No English Spoken

Signature: (Mother/Guardian)Date.....

Signature: (Father/Guardian).....Date.....

ENTITLEMENT TO CLAIM FREE SCHOOL MEALS

If you currently receive any of the following benefits your child could be entitled to free school meals:

- Income Support
- income-based Jobseeker's Allowance
- income-related Employment and Support Allowance
- support under Part VI of the Immigration and Asylum Act 1999
- the guaranteed element of Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit - if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)

If you think your child may be eligible you can apply today by completing an application form on <https://www.cloudforedu.org.uk/ofsm/sims>, the application takes about 5 minutes to complete and they will tell you immediately if your application is successful.

Once applied via the Cloudforedu website please inform the school office on 01895 547036 or email: ryefield.enquiries@ryefieldprimary.org.uk

Are You a Services Family (Army, Navy, RAF etc.) Yes No

PARENTAL RESPONSIBILITY – THE CHILDREN ACT 1989

As you may know, the Children Act 1989 became law in October 1989. One of its main aims is to help children be brought up within their family by their parents. To do this the Act makes clear who has parental responsibility for children, depending on their circumstances.

We are asking you to help us be sure that we know of each adult who has parental responsibility for your child so that we can keep in regular touch with each such person about your child's progress.

Child Name:.....Date of Birth:.....
Address:.....

People who have parental responsibility for your child under the Children Act, Including yourself/yourselfs:

Name: Mr / Mrs / Miss / Ms	Name: Mr / Mrs / Miss / Ms
Relationship: Mother / Father / Carer	Relationship: Mother / Father / Carer
Address:.....	Address:.....
Contact Number:.....	Contact Number:.....

Name: Mr / Mrs / Miss / Ms	Name: Mr / Mrs / Miss / Ms
Relationship: Mother / Father / Carer	Relationship: Mother / Father / Carer
Address:.....	Address:.....
Contact Number:.....	Contact Number:.....

Any other information you wish to give:
.....

Signature: (Parent / Carer)Date:.....
Relationship: Mother / Father / Carer

PARENT CONSENT FORM

Occasionally members of staff may use images of children in their classroom or elsewhere in the school. The school will not seek parental consent to use images of children solely on school premises: however, if parents do not wish their child's picture to be taken or shown on school premises, they should put this request in writing to the Headteacher.

Name:.....Child's Class:.....

Occasionally we may take photographs of the children at our school. We may use these images in our school prospectus or in other printed publications that we produce, as well as on our website. We may also make video or webcam recordings for school-to-school conferences or other external use.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child. Please answer the questions below, then sign and date the form where shown. I give consent for the school to:

Use my child's photograph in the school prospectus and other printed publications that we produce for promotional purposes? Yes No

Use any footage of my child on the school's digital platforms? Yes No

Use my child's image in the media? Yes No

Signature: (Parent / Guardian).....DATE:

Name (printed):.....

HOME-SCHOOL AGREEMENT

Child Name: **Class:**

The school will:

encourage all our children to achieve their full potential as valued members of the school community.
care for the safety and happiness of all our children.
strive to achieve high standards of work and behaviour.
encourage all our children to respect each other and to take care of our surroundings.
provide regular progress and information meetings for parents and encourage active involvement in school life.

Signature: (Headteacher) **Date:**

Parent/Guardians, I/will:

ensure that my child goes to school regularly and on time wearing school uniform.
support all the school's policies and guidelines.
inform the school of any concerns or problems that might affect my child's work or behaviour.
ensure my child is collected promptly at the end of day.
keep up to date with school correspondence eg: newsletter, texts, emails, website and attend Parent Consultation meeting.
comply with the acceptable behaviour policy.

Signature: (Parent / Guardian) **Date:**

School Creed

I intend to always do my best and treat everyone I meet with kindness and care.
I intend to look after others and their belongings, respect my surroundings and care for the environment.
I intend to be loving instead of angry, generous instead of greedy and will always be honest.

Signature: (Child) **Date:**

Local Educational Visits

Sometimes during the course of a school day the class teacher may take the class out to the local shop/postbox/library/church/streets/animal park as part of a topic or other class work.
I agree that my child may take part in any short visits to local venues which may be arranged during his/her time at Ryefield Primary School.

Signature: (Parent/Guardian) **Date:**

Head Lice

I agree to a member of the school staff checking my child's hair should it be suspected that there may be a possibility of the presence of head lice

Signature: (Parent/Guardian)..... **Date:**

Library Books

I am willing for my child to bring a book home from the school library and I am prepared to make a contribution towards a replacement book should the book become lost or damaged while in my child's care

Signature: (Parent/Guardian) **Date:**

E-Safety

I agree to monitor and supervise my child at home whilst using the internet at all time and ensuring that they are only using age appropriate sites.

Signature: (Parent/Guardian) **Date:**