* **Pupil Information**

**please return to St Paul’s School Office by 14th July**

|  |
| --- |
| **Section 1: Pupil Details**  Legal Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Legal Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth \_ \_ / \_ \_ / \_ \_ \_ \_ ❑ Male ❑ Female  Sibling(s) currently at St Paul’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 2: Family/Home**  Please give details of all persons with parental responsibility (if a Court has awarded PR to a sole parent, please provide a copy of the Court Order)  **1st Contact** (including title):  Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact telephone numbers:  Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  -----------------------------------------------------------------------------------------------------  **2nd Contact** Full Name (including title):  Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact telephone numbers:  Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 3: Emergency Contacts**  Please provide two emergency contacts other than those listed in Section 2.  **3rd Contact**  Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact telephone number/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  -----------------------------------------------------------------------------------------------------  **4th Contact**  Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact telephone number/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 4: Medical**  Please provide details of the medical practice where your child is registered  Name of GP surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please provide detalis of any medical conditions that the school should be aware of.    ***IMPORTANT: If your child has an acute allergic reaction, a food allergy, epilepsy or asthma, please contact the school office as there will be additional forms to complete.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dietary Needs  Please provide details of any dietary requirements  ❑ No Gluten  ❑ No Beef  ❑ No Dairy  ❑ No Eggs  ❑ No Nuts  ❑ No Pork  ❑ No Fish  ❑ Vegetarian Any other dietary needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 5: Ethnic/Cultural**  Our Ethnicity describes who we think we are and what we think we are. This may be based on many things, including for example, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. Please study the list below and tick one box only to indicate the ethnic background of your child.  ❑ White British  ❑ White Irish  ❑ White and Asian  ❑ White and Black African  ❑ White and Black Caribbean  ❑ Any other Asian background  ❑ Any other Black background  ❑ Any other ethnic group  ❑ Any other mixed background  ❑ Any other White background  ❑ Bangladeshi  ❑ Black African  ❑ Black Carribean  ❑ Chinese  ❑ Gypsy  ❑ Gypsy/Roma  ❑ Indian  ❑ Pakistani  ❑ Roma  ❑ Traveller of Irish heratige    ❑ I do not wish any ethnic background to be recorded  Language  Your child’s first language is the language they first learned to speak after they were born. If they learned to speak two or more languages at the same time, please record the language other than English. Their home language is the language they speak daily at home.  First Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Religion  ❑ Buddhist  ❑ Christian  ❑ Muslim  ❑ Sikh  ❑ Hindu  ❑ Jewish  ❑ Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ No Religion  ❑ I do not wish to disclose |

|  |
| --- |
| **Section 6: Photo/Video Consent**  This consent is given for the duration  of the time they remain a pupil at the school. *(It is the responsibility of parents to advise the school should they wish to withdraw consent)*  I agree to the image and first name (as a caption or in an accompanying article) of my child being used:  Internally, such as on classroom display boards  ❑ Yes ❑ No  In school newsletters which are published on our website  ❑ Yes ❑ No  Local newspapers  ❑ Yes ❑ No |

|  |
| --- |
| **Section 7: Church Visits/Religious Education**  Parents have a statutory right to withdraw their child from Religious Educaiton and/or Collective Worship. At our **school collective worship includes, among other things, assemblies, class worship and our Christmas Celebration at St Paul's Church**. These all contain acts of collective worship, prayer, Christian themes and hymns/carols.  **Parents are required to inform the Headteacher in writing if they wish to exercise this right.** In these circumstances parents are asked to send in appropriate work for their child.  We celebrate special events such a Harvest, Christmas, Easter and the Leavers’ Service at St Paul’s church.  ❑ I consent to my child walking with school staff to St Paul’s Church to celebrate and participate in special whole school events.  If you choose to withold permission, please state your reasons: |

|  |
| --- |
| **Section 8: School Dog – Nuala**  We have a much loved School Dog, Nuala. You will see full details about Nuala, including FAQ, on our website.  Please advise the level of interation you are happy for your child to have. If your child is allergic to dogs please contact the school office.  ❑ I am happy for my child to be involved with aspects of caring for the school dog, including supervised walks at break time.  ❑ My child is a little nervous of dogs but I am happy for them to be involved in aspects of caring for her, including supervised walks at breaktime.  ❑ My child is fearful of dogs but, in time, I would like them to work with the dog to develop their confidence and understanding of dogs.  ❑ I would prefer my child did not come into direct contact with the school dog. |

|  |
| --- |
| **Section 9: Swimming**  Previous swmming experience (including details of lessons, number of lenghts in each stroke) |

|  |
| --- |
| **Section 9: Parent/Guardian Signature**  I, having parental responsibility of the child stated in Section 1 of this Pupil Informaiton Form, have completed all sections accurately to the best of my knowldedge.  Signature: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_ \_ /\_ \_ / \_ \_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |