Hollins Grundy Primary School

PUPIL INFORMATION FORM

To help us maintain accurate records, please complete this form in full and return it to school at hollinsgrundy@bury.gov.uk.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Surname** | | | |  | | | | | | | | | | Date of Birth | | |  | | | |
| **Forename(s)** | | | |  | | | | | | | | | | Gender | | | Male / Female | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Postcode | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Previous Education Setting | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Full name of Parents/Carers with whom child resides** | | | | | | | | | | | | | | | | | | | | |
| Title | | |  | | | | | Title | | | | | | |  | | | | | |
| Surname | | |  | | | | | Surname | | | | | | |  | | | | | |
| First Name(s) | | |  | | | | | First Name(s) | | | | | | |  | | | | | |
| Relationship | | |  | | | | | Relationship | | | | | | |  | | | | | |
| Home tel: | | |  | | | | | Home tel: | | | | | | |  | | | | | |
| Daytime tel: | | |  | | | | | Daytime tel: | | | | | | |  | | | | | |
| Mobile tel \*\* | | |  | | | | | Mobile tel: | | | | | | |  | | | | | |
| E-mail address\*\* | | |  | | | | | E-mail address | | | | | | |  | | | | | |
| 1st contact for texting & e-mailing purposes\*\* | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Siblings (already attending Hollins Grundy Primary School): | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | Year |  | | Name |  | | | | | | | | Year |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Name & telephone no. of any other person we may contact if we are unable to contact Parent/Carer** | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | Name | | |  | | | | | | | | |
| Relationship | |  | | | | | | | Relationship | | |  | | | | | | | | |
| Tel nos. | |  | | | | | | | Tel nos. | | |  | | | | | | | | |
| Address | |  | | | | | | | Address | | |  | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |
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| **Any other person, eg estranged spouse or partner, having legal rights in relation to the child or parental responsibility for the child.**  (IN LINE WITH THE CHILDREN’S ACT 1989, THE SCHOOL HAS TO KNOW OF ALL PERSONS WITH PARENTAL RESPONSIBILITY FOR THEIR CHILD’S EDUCATIONAL PROGRESS). | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | Relationship | |  | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | |
| Postcode | |  | | | | | | | Telephone | |  | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| **Any medical concerns or illnesses school should be aware of** e.g. asthma, allergies, hearing or visual impairment etc. Please attach an additional sheet if more space is required. | | | | |
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|  | | | | |
| Medication required on a regular basis | |  | | |
|  | | | | |
| **Doctor’s** name |  | | Telephone |  |
| Practice address |  | | | |
|  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Any other information which you feel may affect your child’s progress at school | | | | | | | | | | | | | | | | | | |
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| **Ethnic origin of pupils**. Please tick which of the following best describes your child’s ethnicity. In cases of mixed heritage, please specify as indicated | | | | | | | | | | | | | | | | | | |
| White British | | |  | Chinese | | |  | White / Asian | | | |  | | Any other Asian background | | | |  |
| White Irish | | |  | Indian | | |  | Black Caribbean | | | |  | | White / Black Caribbean | | | |  |
| Traveller of Irish Heritage | | |  | Pakistani | | |  | Black African | | | |  | | White / Black African | | | |  |
| Gypsy / Roma | | |  | Bangladeshi | | |  | Any other black background | | | |  | | Any other ethnic group (please state) | | | |  |
| Any other white background | | |  | I do not wish an ethnic background to be recorded | | | | | | | |  | |  | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Religion | |  | | | | Country of Birth | | |  | | | | | Nationality | |  | | |
| Language | |  | | | | Language spoken at home | | |  | | | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| Copy of Birth Certificate provided | | | | |  | Entitled to Free school meals | | | | |  | | Mode of transport to school ie Walk, Car, Bus, Taxi etc | | | |  | |
| Is this child in Care? | | | | |  | Has your child been adopted from care? | | | | |  | | Service Child (parents in the Forces) | | | |  | |
| Does your child have any Special Educational Need? | | | | | | | |  | Does your child have an Education Health & Care Plan? | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| Signed |  | | | | | | | | | Date | | | | |  | | | |
| Name |  | | | | | | | | | Relationship | | | | |  | | | |

The information will be held on computer in accordance with the Data Protection Act, 1998 & GDPR 2018.