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 |  |
|  |  |
|  |
| **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 |  |

|  |
| --- |
| **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. |
|  |
|  |
|  |
| 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 |
|  |
|  |
|  |
| **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.