



PHEASEY PARK FARM PRIMARY SCHOOL AND EARLY YEARS CENTRE

ESSENTIAL INFORMATION FORM - page 1

Pupil Personal Details

Surname: Forename(s): Date of Birth:

Male/Female

Address: Post Code:

Home Telephone:

Main contact mobile number (this number will receive the School text messages) :

Class:

In Care Y/N Name of Social Worker: Contact Details of Social Worker:

Private Fostering Arrangement Y/N If yes, please provide further evidence.

***Private Fostering** is a child that is cared for by someone who is **not** their parent or close relative **for 28 days or more** without the involvement of a Local Authority.

Adopted from care Y/N If yes, please provide further evidence.

Do you receive Disability Allowance for your child? Y/N

Family Details

<p>Mother Title:.....</p> <p>Forename:.....Surname:.....</p> <p>Address (if different to above):</p> <p>.....</p> <p>Employer's Name:</p> <p>Work Telephone Number:</p> <p>Mobile Number:</p> <p>Do you have Parental Responsibility for the child? Y/N</p> <p>Living at same address as child: Y/N Access Allowed: Y/N</p>	<p>Father Title:.....</p> <p>Forename:.....Surname:.....</p> <p>Address (if different to above):</p> <p>.....</p> <p>Employer's Name:</p> <p>Work Telephone Number:</p> <p>Mobile Number:</p> <p>Do you have Parental Responsibility for the child? Y/N</p> <p>Living at same address as child: Y/N Access Allowed: Y/N</p>
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Siblings

Please list any siblings below:

Name:	Age:	School:	Class:
Name:	Age:	School:	Class:

Other Contacts

Parents with access will be permitted to collect your child.

Please give details below of any other person who is able to collect your child and be contacted in an emergency if a parent cannot be contacted:

Name:	Name:
Address:	Address:
.....
Home Number:	Home Number:
Mobile Number:	Mobile Number:
Relationship to Child:	Relationship to Child:

Legal Proceedings

Please cite details of any legal proceedings relating to parental responsibility for your child



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E-Mail

Please provide an E-Mail address which you consent to the School or Early Years Centre using for communication and billing purposes:

Password

Please provide a password for security purposes:

Medical & Dietary Information

Name of GP Practice: Name of GP:

Address of GP Practice:

Telephone Number:

Please provide medical/dietary information below that the school should be aware of:

Medical Conditions/Information:

Allergies:

Dietary Information:

Does your child have a Disability? Yes/No

Does your child have Special Educational Needs? Yes/No

Please give details

In the interests of Health & Safety, an emergency inhaler is held in school and will only be used if your child is asthmatic and does not have any medication in school.

I give permission for my child to be driven in the car of a member of staff should this be helpful in the event of a minor crisis or for a school visit/sporting activity.

I consent for my child's photograph/video recording to be taken for school/early years centre/local press purposes.

I agree for the school nurse and health services to see my child for routine health assessments.

In the event of an accident or illness, we will attempt to contact you, but if we are not able to, I consent for my child to receive emergency medical treatment including anaesthetic, blood transfusion or emergency inhaler as considered necessary by medical professionals.

I agree that if my child is not collected from school by 3:45pm he/she will be supervised in Minimax and there may be a charge.

Signed: Date:

Print Name: Relationship to child:

PLEASE RETURN THIS FORM WITH BOTH SIDES COMPLETED TO THE SCHOOL OFFICE ASAP

Office Use Only

Family:

Date:

T2P:

Date: