

**CANNON LANE PRIMARY SCHOOL
CHILD'S CONTACT / INFORMATION SHEET**

Surname.....

Forename.....

Legal Name *(If different from above)*

Date of Birth Male Female *please tick*

Home Address

..... Post Code

Full names of Parents/Guardians/Carers:

	Forename	Surname	Home Telephone Number	
Mother	Work number
				Mobile number
Father	Work number
				Mobile number

CUSTODY

Joint Mother Father Other Legal Custody *please tick*

Please state who has Parental Responsibility for the child

.....

Please state who has legal contact with the child

.....

Name of Childminder /Nanny <i>(If applicable)</i>	Forename	Surname	Mobile number
.....

EMERGENCY CONTACT

*(We will always ring **PARENTS FIRST** unless otherwise informed – these will be the names of other contacts during school time) – Please ensure if you change any of your telephone numbers you inform the School Office.*

Name	Relationship	Telephone No.
1.
2.

SCHOOL COMMS

We are now using School Comms in our school to communicate electronically with parents. We will be sending letters via emails and occasional text messages. We would be most grateful if you would provide us with your main email address for our records. We are able to send communications to each parent if you give both email addresses, and one main mobile number for text messages.

1st parent email address is

.....
(please write clearly)

2nd parent email address is

.....
(please write clearly)

Main Mobile Number for text messages

PUBLICITY

During the course of your child's time at Cannon Lane Primary School there may be occasions when photographs and filming takes place during school activities. These photographs/films could be used within the school e.g. to illustrate activities on our website, or in the local newspaper.

Please sign and indicate below whether you give permission for your child's photo/film to be used in this way.

I GIVE permission for my child to be photographed and/or filmed whilst at school *(please tick here)*

I DO NOT give permission for my child to be photographed and/or filmed whilst at school *(please tick here)*

SignedDate

Please note that children are expected to attend school at all times, with the exception of short periods of absence (e.g. one/two hours) for dental/medical appointments, when a letter needs to be sent to the school office in advance of the appointment for authorisation by the Headteacher. If a full day of absence needs to be taken for any reason, a Leave of Absence form (from our website) must be completed before the absence and submitted to the Headteacher for consideration. In the event of sickness, please telephone the school office absence line before 9.00 a.m. on each day of absence, and send a letter to the class teacher on your child's return. Thank you.

MEDICAL INFORMATION

Name Class

Doctor: (*Name, address and telephone number*)

Medical Conditions (*including all allergies*):

Please ensure you keep the school updated of any changes in medical conditions

Will you provide the school with the appropriate treatment?
(Epi-pen, Inhaler, etc.)

YES NO

If you have answered "No" to the above question, please explain the reason

In the rare event of an emergency, the school will always immediately attempt to contact the Parents/carers of the child. While this is being done we need to ask for permission for any medical treatment that is required to be carried out by the Welfare Assistants, Ambulance service or Hospital.

I GIVE my permission for the school, Ambulance service or Hospital to carry out any necessary emergency medical treatment my child may require:

Signed.....

Name in Capitals please

Relationship to the child

Date

School Information

Previous school attended – (please also give name and address of any Playgroup/Nursery and dates attended)

- 1..... Dates.....
- 2..... Dates.....
- 3..... Dates

Are you eligible for Income Support? Yes / No

(Please visit our website www.cannonlaneprimary.org under Information, Pupil Premium for a form to complete regarding eligibility for Free School Meals, or enquire at the School Office for more information)

- Are you eligible for a clothing grant for school uniform? Yes / No
- Are you eligible for free school meals? Yes / No
- If your child was offered free milk, would you accept it? Yes / No

Does your child have any learning difficulties? Please give details

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.....

.....

.....

Please would you indicate how you will travel to school each day. Please tick the option you will use most of the time.

Walk..... Bus Car/Van..... Car Share.....

Cycle School Bus..... Train Other

SignedDate

Name in Capitals

For School Use only: Please do not complete this section

Class Unique Pupil Number

Date of Admission Admission Number

Copies given to Deputy Headteacher/Assistant Headteacher/Welfare.....

Please note that the school and The Governing Body are registered in accordance with The Data Protection Act. The information on these forms will be stored on the school's office computer system. Individual details will only be used within the school under the terms of The Data Protection Act.

Name Class

Date of Birth UPN Number
School to complete UPN

What do you consider to be your child's ethnic origin (please tick box below)

Asian or Asian British		Mixed	
Bangladeshi		White and Asian	
Indian		White and Black African	
Pakistani		White and Black Caribbean	
Any other Asian background		Any other mixed background	

Black or Black British		White	
African		British	
Caribbean		Gypsy/Roma	
Any other Black background		Irish	
		Traveller of Irish Heritage	
		Any other White background	
		Any other ethnic background	
Chinese			
I do not wish an ethnic background to be recorded			

Which language does your child speak at home?

Language		Language	
Arabic		Korean	
Bengali		Kutchi	
Cantonese		Portugese	
English		Punjabi	
Farsi		Somali	
French		Spanish	
German		Sylheti	
Gujerati		Turkish	
Hindi		Urdu	
Italian		Not specified	
Other Please specify			

**What is your child's religion?
 (Please tick appropriate box)**

Religion		Religion	
Christian Brethren		Christian other / unspecified	
Church of England		Greek Orthodox	
Hindu		Humanism	
Jain		Jehovah's Witness	
Jewish		Muslim	
No Religion		Roman Catholic	
Sikh		I do not wish to record a Religion	
Other			