

HALFWAY NURSERY INFANT SCHOOL
Pupil Data Collection Record
CONFIDENTIAL

Child's Surname:	
Forename(s):	
Preferred Name (if different):	
Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	
Postcode:	
Who has parental responsibility for your child?	
Name:	
Date of Birth:	
Relationship to child:	
National Insurance Number:	
Name:	
Date of Birth:	
Relationship to child:	
National Insurance Number:	
Who shall we contact in the event of an emergency?	
First person to contact:	
Relationship to child:	
Telephone Number/s:	Type of number (mobile, home, work):
Second person to contact:	
Relationship to child:	
Telephone Number/s:	Type of number (mobile, home, work):
Third person to contact:	
Relationship to child:	
Telephone Number/s:	Type of number (mobile, home, work):
Fourth person to contact:	
Relationship to child:	
Telephone Number/s:	Type of number (mobile, home, work):

Medical Information

I give permission, under very rare circumstances, when parents/carers cannot be contacted, for my child to receive emergency medical treatment.

Signature of Parent\Carer:

Does your child have any of the following dietary needs?:

- Kosher Foods only
- No dairy produce
- No nuts
- No pork
- Seafood allergy
- Vegetarian
- Other dietary need (please give details):

Does your child have, or has your child in the past had, any involvement with any of the following?:

- | | |
|---|---|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Ryegate Hospital\Community Paediatrician |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Early Years Inclusion Team |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Multi Agency Support Team |
| <input type="checkbox"/> CAMHS | <input type="checkbox"/> Social Care |

Name of Doctor:
Surgery Address:

Tel. No.:

Does your child have vision issues, eg wears glasses, colour blind?

Does your child have speech issues, eg stutters, cleft palate?

Does your child have hearing issues, eg deafness, glue ear, grommets, slight deafness caused by colds?

Does your child suffer from asthma?

If so, do they need to use an inhaler in school? (You will need to provide us with an inhaler, and complete a consent form from the school office)

Does your child have any allergies, eg plasters, face paints, food allergy not detailed above?

Does your child have fits?

Is your child diabetic?

Is there any other medical information you think we need to know?

Are there any other problems or issues which you think may affect your child's progress or cause distress while at school, eg a death in the family, serious illness in the family, one parent away from home, child had a recent operation?

Ethnic origin of your child

The Education Department in Sheffield is working with schools to collect information about the ethnic origin of all pupils in the city. The information collected will be used to look at the educational progress of different groups of pupils in Sheffield. This data is vital if the Education Service is more fully to meet the needs of all pupils in the city. The information collected will not be used to make judgements about your child (or any individual child).

A list of ethnic groups is given below. The information required is your child's **ethnic origin**, not his/her **nationality**. To give an example of the distinction, the ethnic origin of a child whose family comes from Somalia may be Somali – but this child may have British citizenship or nationality. Ethnic origin usually involves shared experiences with others from the same ethnic group, such as originating from the same place, or having the same religion and language.

Please tick one option that best describes your child's ethnic group or background

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy
- Gypsy/Roma
- Roma
- Traveller of Irish Heritage
- White Eastern European
- Any other White background, *please describe*

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- White and Pakistani
- Any other Mixed / Multiple ethnic background, *please describe*

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, *please describe*

Black / African / Caribbean / Black British

- African
- Caribbean
- Somali
- Any other Black / African / Caribbean background, *please describe*

Other ethnic group

- Arab
- Yemeni
- Any other ethnic group, *please describe*

Is English your child's first language?:

What is their proficiency in English?:

- New to English
- Early acquisition
- Developing competence
- Competent
- Fluent

Nationality of child:

Country of birth of child:

Child's religion:

Does your child attend a nursery, child-minder or other child care provider or pre-school group? If so, where?
Names and dates of birth of siblings:
Relevant family information (e.g. access arrangements):
Who will collect your child from nursery/school?: (Only for children attending Nursery) We have a password system, so that we can easily verify the identity of anyone fetching your child. Please give a password to be quoted by any family member/friend, etc coming to collect your child from Nursery:
I give permission for my child to leave the school premises under supervision for short educational outings, eg nature walk, shop visit, etc Signed:

Other Contact Information

We regularly use a text messaging service to communicate with parents\carers. Which mobile number would you like us to use?
We send out newsletters and other communications via email. Which email address would you like us to use? (please write in BLOCK CAPITALS)

I confirm that the details on this form are correct to the best of my knowledge.

Signed:	Date:
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PLEASE BRING YOUR CHILD'S BIRTH CERTIFICATE INTO SCHOOL, SO THAT WE CAN TAKE A COPY OF IT.

IF YOUR CHILD IS NOT A BRITISH CITIZEN, WE ALSO NEED TO SEE THEIR PASSPORT PLEASE.