



Callands Community Primary School Pupil Data Form

Child's Personal Information

CHILD'S FORENAME		CHILD'S SURNAME	
MIDDLE NAME(S)			
GENDER		DATE OF BIRTH	
HOME ADDRESS			
POST CODE		HOME TELEPHONE	

EMERGENCY CONTACT INFORMATION Please give details of **all persons who have parental responsibility** and anyone else you wish to be contacted in an emergency. **THE FIRST CONTACT MUST BE A PARENT.** Place them in the order that you wish for them to be contacted in an emergency. Only contacts listed below will be allowed to collect your child and they must know your password. If you wish to add additional contacts, please contact school.

Please confirm that all contacts listed below have given consent to this. ☐

Priority	Name / Relationship to child	Home Address (with postcode) / Home Phone if applicable / Mobile	Place of Work /Address/ Phone	Parental Responsibility
1		Address: Home Tel: Mobile:	Work Name: Tel:	
2		Address: Home Tel: Mobile:	Work Name: Tel:	
3		Address: Home Tel: Mobile:	Work Name: Tel:	

SCHOOL INFORMATION

PREVIOUS SCHOOL (Name & Address)		
Tel No:	Date from:	Date to:

PLEASE GIVE THE NAMES OF ANY BROTHERS OR SISTERS WHO CURRENTLY ATTEND CALLANDS	
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MEDICAL INFORMATION

DOCTOR		ADDRESS AND TELEPHONE NUMBER	
MEDICAL CONDITIONS If your child has a medical condition which may affect schooling in any way please give brief details here e.g. eye conditions, allergies, toileting difficulties etc.			
Does your child take any regular medication?			

SPECIAL EDUCATIONAL NEEDS

Please give brief details of any learning difficulties or disabilities.	
Does your child have an Education, Health Care Plan?	Yes/No
Does your child have any problems that you feel could affect their education, or you think we need to know about?	

TRAVEL TO SCHOOL (please tick whichever one will be the most usual means of travel).Bicycle ☐ Car ☐ School Bus ☐ Taxi ☐ Train ☐ Walk ☐**MEAL** (please tick whichever one will be the most usual meal for your child)Packed Lunch ☐ Universal School Meal (EYFS/KS1) ☐ School Meal (KS2) ☐ Free Meals (as agreed with WBC) ☐**ETHNICITY** please circle: White-British, White-Irish, White & Asian, White & Black African, White & Black Caribbean, any other White background, any other Black background Indian, Pakistani, Bangladeshi, Chinese, any other Asian background, any other Mixed background, any other ethnic background, Gypsy/Roma. Traveller of Irish Heritage

COUNTRY OF BIRTH		NATIONALITY	
HOME LANGUAGE		First language	
English as 2 nd language: YES / NO		RELIGION:	
PARENT(S) IN ARMED FORCES: YES / NO		Name:	

From time to time we take photographs/video recordings of children in school and would like to use these pictures/films in promotional material such as brochures, in the local newspaper or on Facebook/school website. Please would you indicate whether you give your consent for us to use video footage/photographs or items of your children's work in this way. Your child's work/photograph will only be identified by using their first name.

I give permission for photographs/video/work of my child identified with their first name to be used to celebrate their hard work and achievements and to promote the school. ☐

As part of your child's learning, they will be offered access to the Internet. All pupils must have parental permission before being allowed access to the Internet. Please tick the box below to give permission.

I give permission for Internet access. ☐

I give permission for my child to take part in food preparation & food tasting as part of Food Technology & DT. ☐

Please state any food intolerance/allergies that your child may have: _____

(It is your responsibility to update us if this changes throughout the year).

On occasions we will take the children out on local walks within the community. **Please see separate consent form for local walks 2022/23.**

PUPIL PREMIUM

We need information about you and your child, so that we can provide them with the best education and support by making sure that school receives all the government funding to which it is entitled.

Family Income and Benefit Details: Is your joint family income over £16,190 per year? Yes ☐ No ☐

- Are you in receipt of working tax credits? ☐ or Universal Credit ☐
- Income Support (IS) **OR** Income-based Jobseekers Allowance (IBJA) ☐
- Income based & contribution based job seekers allowance or employment support allowance on an equal basis ☐
- Income related employment and support allowance (IRESA) ☐
- Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999 ☐
- The guarantee element of the State Pension Credit ☐
- Child Tax Credit (with no Working Tax Credit) with an annual income which does not exceed £16,190 **OR**
- Working tax "run on" – the payment someone may receive for a further four weeks after they stop qualifying for working tax credit. ☐
- Working tax "run on" – the payment someone may receive for a further four weeks after they stop qualifying for working tax credit. ☐

Please provide the following Parent information (even if both parents do not reside together both must be provided):

	Parent/Guardian 1	Parent/Guardian 2
Surname		
First name		
Date of birth		
Place of birth		
E-mail address		
Address		
National Insurance number		
Parental Responsibility A father has PR if he's married to the mother when child is conceived or marries her at any point afterwards. An unmarried father has PR if his name is on child's birth certificate.	Please indicate by ✓ or X	Please indicate by ✓ or X
I confirm that I am the sole parent with PR <input type="checkbox"/>		

Signature _____

Date _____

(Information provided by)

(please print name)

Data Protection Act (DPA 2018) and UK GDPR: The school is compliant with the GDPR which means we seek your specific consent to use the data we are collecting within this Data Form for the purposes as detailed within the Privacy Policy on the School website. We request that you sign this form to confirm that you are giving us your specific consent for the use of this data for the specific purposes outlined only.

(September 2022)