

## The Willows Primary School - Pupil Details Form

Office Use Only	Year/ Class	Date received	I.D.	Date entry	UPN	Member of SLT who spoke to family
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### Pupil Details

Surname		Forename		Date of Birth	
				Proof of date of birth required (birth certificate/passport/red book)	
2 <sup>nd</sup> Name:		Known as:		Address	
Male		Female		Post code	
Religion		Ethnic origin		Name of person who will receive regular text messages off school	
				Mobile number	
Nationality		Country of birth		If new arrival from overseas date of arrival	
Child cared by:		Parent		LA (LAC)	
		Adopted		Special guardianship	
				Private fostering	
				Other (incl residency order)	
Languages spoken		First language		Other language	
Meal type		Free meal		If you are in receipt of any benefits (in addition to child benefit), you may be eligible for free school meals or the school may be eligible for pupil premium funding. Please inform the school office.	
Paid meal		Sandwiches			
(Fee applies in Nursery/Y3/4/5/6)					

**Are there any foods your child may avoid? i.e. beef/pork/chicken**

1..... 2..... 3..... 4..... 5..... 6.....

**Dietary requirements:**

Does your child have a medically diagnosed food allergy? Yes / No i.e. allergic to nuts/fish/milk/cheese/dairy

Please provide an allergy plan from your GP.

Allergy evidence seen - Date..... Signed .....

Is there anyone who is barred from picking up the child? Yes / No - please list name and relationship

**Family Details – Please inform school immediately if there is a change of details**

Parent/carer name Mr/Mrs/Miss/Ms Mum/Dad/Carer	DOB	Parent/carer name Mr/Mrs/Miss/Ms Mum/Dad/Carer	DOB
<u>Telephone numbers: -</u> Mobile Home Work		<u>Telephone numbers: -</u> Mobile Home Work	
Parent's first language: Parental responsibility Y/N		Parent's first language: Parental responsibility Y/N	
In regular contact with child Y/N		In regular contact with child Y/N	
Address if different from in pupil details:		Address if different from in pupil details:	
Email address Please print clearly		Email address Please print clearly	
<b>Any brothers or sisters (Siblings)</b>			
Name		DOB	School
Name		DOB	School
Name		DOB	School
Name		DOB	School
Is either parent in the armed forces? Y N			
Does the family have refugee or asylum seeker status? Give details.			
Are there any agencies working with your family? EG Children's services, Social services, CAFCASS, Complex families.			
Name of professional and contact numbers.			

Is your child on a Child Protection Plan?	Yes / No
Have you ever completed a CAF or Early Support Plan?	Yes / No
If Yes: Name of lead professional:	
<b>Contact Details- Please list in order of priority.</b>	

These will be people that we should contact if we aren't able to contact yourself.

<b>No. 1 Contact</b>						
Title		Surname		Forename		Male/ Female
Address:				Relationship to pupil:		
				Home Tel		
Post code				Mobile		

<b>No. 2 Contact</b>						
Title		Surname		Forename		Male/ Female
Address:				Relationship to pupil:		
				Home		
Post code				Mobile		

<b>No. 3 Contact</b>						
Title		Surname		Forename		Male/ Female
Address:				Relationship to pupil:		
				Home		
Post code				Mobile		

### Medical and other agency involvement

Doctor's name/ practice	Doctor's address
Doctors telephone no	Health visitor
Any serious illness, medical conditions, allergies or regular medical treatment Yes / No	
If yes please give brief details, and complete a medical information form. ie. Asthma Health Plan, seizures,	

**Medical requirements:**

Does your child have a medically diagnosed condition? Yes / No

Please list: -

.....  
...  
.....  
...

Please provide a medical plan from your GP.

Medical evidence seen - Date..... Signed .....

Other agencies involved:

Does your child have any Special Educational Needs or Disabilities (learning, behaviour, physical, communication, medical conditions, glasses, hearing aids, allergies etc.?)

Yes / No

If yes please provide details

Do they have an EHC or Statement in place?

Yes / No

## School History

Previous school:	Date of leaving	
Address	Reason for leaving	
Tel		
Have they ever been excluded? Yes/ No	If Yes, give reason for exclusion (s).	
Other schools attended: Name:	Address (or local authority if not known):	Dates (from- to)

**Food tasting and cookery permission.**

At The Willows we often teach about healthy food and explore food as part of topics. There will be many opportunities in class where children are encouraged to taste a range of foods or visit our cookery room to cook or prepare food.

I.....give permission for my child to be part of cookery and food tasting activities during school.

Does your child have any allergies or dietary requirements that need to be taken in to account? Yes? /No?

If yes, please give details .....

Child's name-----Class-----

Parent/carer signature-----Date-----

**Photographic permission.**

At The Willows photographs of the children are on display throughout school for the purpose of celebrating the children's achievements etc. Occasionally we may be asked for photographs to be included in educational publications, documents outside school and the school website and require permission in order to do this. Please complete and return the pro-forma

I.....give permission for photographs that may include my child to be used in educational publications both in and outside school and the school website.

Child's name-----Class-----

Parent/carer signature-----Date-----

<b>Internet permission</b>
At the Willows the use of the internet is encouraged as an important educational tool.
We ask that parents read below the E-Safety Policy, which is on our web site outlining the protocols around internet use in school.
I.....have read and signed the Acceptable Use Policy, and will support my child to follow it.
Child's name-----Class-----
Parent/carer signature-----Date-----

<b>Local Visits</b>
At the Willows we encourage the use of the local environment as a learning resource, and for visits to local facilities (e.g. the church, the local park). We ask parents/carers to give permission for children to leave the school site during the school day for a local visit. We will ensure that requirements relating to child/ adult ratios are complied with.
I.....give permission for my child to leave the school on foot for a walk in the local area, or a visit to a local facility.
Child's name-----Class-----
Parent/carer signature-----Date-----

Please return this form to the school office please make sure all fields are completed.

## PHOTOGRAPH CONSENT FORM

Child's name:	Date:
Child's Year and class:	

At The Willows Primary School, we sometimes take photographs of pupils. We use these photos in the school's prospectus, on our school database to help us identify pupils, on the school's website, school newsletters, and on display boards around the school. Occasionally our children may also be asked to appear in external publications such as newspapers.

We would like your consent to take photos of your child, and use them in the ways described below. If you're not happy for us to do this, that's no problem – we will accommodate your preferences.

**Please tick the boxes below to show your preferences.**

	YES	NO
I am happy for the school to take photographs of my child and for them to be used in class and displayed in their classroom and around our school.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for the school to take and use photographs of my child in other forums, e.g. in newsletters, our school prospectus and in external publications such as newspapers.	<input type="checkbox"/>	<input type="checkbox"/>
I am <b>NOT</b> happy for the school to take or use photos of my child on any of the above	Tick only here if the above is blank	<input type="checkbox"/>

If you change your mind at any time, you can let us know by emailing [admin@willows.manchester.sch.uk](mailto:admin@willows.manchester.sch.uk), or by putting it in writing to the school office. If you have any other questions, please get in touch.

Parent/carer's signature: \_\_\_\_\_ Date: \_\_\_\_\_