

# WINTER GARDENS ACADEMY – PUPIL DETAILS FORM



Please ensure you complete all parts of this form where applicable – Thank you

## CHILD'S DETAILS:

Legal Surname		Preferred Surname	
First Name		Preferred First Name	
Middle Name		Date of Birth	
Male / Female		Country of Birth	
Does the child live with mother/father /both parents or guardian?		Does your child have a parent currently serving in the UK military?	

## PARENTS/GUARDIANS (Please provide more than one contact)

<u>Mother:</u>	Miss / Ms / Mrs	Parental Responsibility	Yes / No
First Name		Surname	
Address			
Postcode		Home Telephone Number	
Mobile Number		Work Telephone Number	
Mother's Date of Birth		National Insurance Number / Asylum Seeker Number	
Email Address			

<u>Father:</u>	Mr	Parental Responsibility	Yes / No
First Name		Surname	
Address			
Postcode		Home Telephone Number	
Mobile Number		Work Telephone Number	
Father's Date of Birth		National Insurance Number / Asylum Seeker Number	
Email Address			

<u>Foster Carer:</u>	Miss / Ms / Mrs/ Mr	Parental Responsibility	Yes / No
First Name		Surname	
Address			
Postcode		Home Telephone Number	
Mobile Number		Work Telephone Number	
Date of Birth		National Insurance Number / Asylum Seeker Number	
Email Address			

**Any other adult with a legal responsibility for this child through a Court Order:** Miss / Ms / Mrs/ Mr

Name		Relationship to child	
Address			
Postcode		Telephone Number	

**EMERGENCY CONTACTS** – responsible adults with a telephone who can be contacted in an emergency if parents are not available at home or at work. Please provide 2 emergency contacts. *Please note we will always try to contact parents first in an emergency.*

**First Contact:** Miss / Ms / Mrs/ Mr

Full name		Relationship to child	
Address			
Postcode		Telephone Number	

**Second Contact:** Miss / Ms / Mrs/ Mr

Full name		Relationship to child	
Address			
Postcode		Telephone Number	

Please provide your child's **ORIGINAL** birth certificate for proof of age

***To be completed by a member of staff*** Birth Certificate Number:

Date seen:

Staff Member Signature

### DETAILS OF CHILD

Name of Previous School or Nursery	
Address	

#### CHILD'S HEALTH:

Doctors Name		Surgery Name	
Address			
Telephone No.			
Does your child have any health problems? <span style="float: right;">Yes/No</span>			
Please give details of any allergies, weaknesses or major illnesses your child has had, or continues to have?			
Does your child have any dietary needs? (i.e. Vegetarian)			
Please state whether medication is currently needed to be taken on a regular basis in school or at home			
<i><b>IMPORTANT:</b> If your child needs to take any regular medication in school, e.g. asthma pumps, Ritalin, <u>written</u> consent by the parents or guardians is needed before medication can be given to the child by school staff</i>			
Has a statement of special educational needs been issued in respect of your child?	Yes / No		
Has your child been referred to speech therapy?	Yes / No		
Does your child have a disability or impairment that will need special provision?	Yes / No <i>If Yes please give details:</i>		
Are there any professionals involved with your child? (please provide more information)	Yes/No <i>If Yes please give details:</i>		
Is there anything else you feel is relevant to make us aware of?	<i>If Yes please give details:</i>		

#### Position in Family – Please enter all children in the family with their date of birth, eldest first.

Name		Date of Birth		Girl / Boy
Name		Date of Birth		Girl / Boy
Name		Date of Birth		Girl / Boy
Name		Date of Birth		Girl / Boy
Name		Date of Birth		Girl / Boy
Name		Date of Birth		Girl / Boy

## PERMISSIONS

We ask that you read the statements below which will cover your child while they attend Winter Gardens Academy. **Please confirm if you give permission by saying Yes or No to each statement.** You may change or amend them at any time.

Y/N  
↓

<b>EDUCATIONAL VISITS:</b>	I give permission for my child to take part in local educational visits near to the school, under the supervision of teaching staff and to take part in school events.	
<b>FIRST AID:</b>	I give permission for basic First Aid to be administered to my child by recognized members of school staff.	
<b>MEDICAL ADVICE OR TREATMENT:</b>	I give permission for the school to seek emergency medical advice and/or treatment in the event the school is unable to contact a parent or carer.	
<b>PHOTOGRAPHS/RECEPTION FOYER SLIDESHOW:</b>	I give permission for my child to be included in photographs and videos taken at school events to be placed on school reception slideshow.	
<b>PHOTOGRAPHS/WEBSITE:</b>	I give permission for my child to be included in photographs and videos taken at school events to be placed on the school website.	
<b>PHOTOGRAPHS/FACEBOOK (public):</b>	I give permission for my child to be included in photographs and videos taken at school events to be placed on the school Facebook page.	
<b>PHOTOGRAPHS/CLASS DOJO (private to whole school)</b>	I give permission for my child to be included in photographs and videos taken at school events to be placed on the school Class Dojo pages.	
<b>PHOTOGRAPHS/MEDIA:</b>	I give permission for my child to be included in photographs and videos taken by third parties authorised by the school for promotional activities, e.g. newspapers, leaflets, magazines and brochures and social media; this may on occasions include my child's name.	
<b>SCHOOL FUNDRAISING (MARKETING)</b>	I give permission and understand that the school will circulate details of school fundraising events to all parents and carers, either by email or letter. This will include information on activities such as non-uniform days, Christmas Bazaar, school discos, the Summer Fayre etc.	

### PERMISSION FOR THE ADMINISTRATION OF PARACETAMOL TABLETS/LIQUID:

In order for the school to administer paracetamol/suspension fluid to students the consent of parents/carers is required. Please could you complete the permission request below indicating whether or not you give consent for the school to administer Paracetamol to your child.

Following consent from parents/carers, paracetamol/suspension fluid may be administered by members of staff who have received the required first aid training in the event of: headaches, earaches, toothaches, stomach cramps or muscular pains. The consent will be effective for the duration of your child's education at Winter Gardens Academy.

If paracetamol/suspension fluid is requested the parent/carer will always be contacted first in case there is a medical reason, or to check whether medication has been given in the past four hours of requiring a further dose.

#### Calpol 2+months

2-4 years - 7.5 ml every 4 hours – maximum four doses in 24 hours

4-6 years – 10 ml every 4 hours – maximum four doses in 24 hours

#### Calpol 6+ plus

6-8 years – 5 ml every 4 hours – maximum four doses in 24 hours

8-10 years – 7.5 ml every 4 hours – maximum of four doses in 24 hours

10-12 years - - 10 ml every 4 hours – maximum of four doses in 24 hours

#### Paracetamol tablets/suspension fluid

6-8 years – 250mg every 4 hours – maximum four doses in 24 hours

8-10 years – 375mg every 4 hours – maximum four doses in 24 hours

10-12 years – 500mg every 4 hours – maximum four doses in 24 hours

#### Please tick one box:

☐ I give prior consent for Winter Gardens Academy to administer paracetamol tablets/Suspension Fluid for the following reasons: headaches, earaches, toothache, stomach cramps or muscular pain.

☐ I do not give prior consent for Winter Gardens Academy to administer paracetamol tablets/suspension fluid for the following reasons: headaches, earaches, toothache, stomach cramps or muscular pain.

## ETHNIC MONITORING

Ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.** **We are required to collect this information**

*Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential.*

*These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Authority and the Department for Education (DfE) to contribute to local and national statistics.*

*The information will also be passed on to future schools, to save you having to be asked for it again.*

These are the only categories available for this collection. Please study the list and **place 'X' in one box** to indicate the most appropriate ethnic background of your child.

<b>White - British</b>	White - Cornish	
	White - English	
	White - Scottish	
	White - Welsh	
	Other White British	
<b>White - Irish</b>	White - Irish	
<b>Traveller of Irish Heritage</b>	Traveller of Irish Heritage	
<b>Any Other White Background</b> Include Russian, Latvian, Polish Ukrainian, Czech, Bulgarian, Slovak, Lithuanian and Romanian	Albanian	
	Bosnian - Herzegovinian	
	Croatian	
	Greek / Greek Cypriot	
	Italian	
	Kosovan	
	Portuguese	
	Serbian	
	Turkish / Turkish Cypriot	
	White Eastern European	
<b>Include Italian, French, German, Spanish, Portuguese and Scandinavian</b>	White Western European	
	White Other	
<b>Roma / Gypsy</b>	Roma / Gypsy	
<b>White and Black Caribbean</b>	White and Black Caribbean	
<b>White and Black African</b>	White and Black African	
<b>White and Asian</b>	White and Pakistani	
	White and Indian	
	White and Any Other Asian Background	
<b>Any Other Mixed Background</b>	Asian and Any Other Ethnic Group	
	Asian and Black	
	Asian and Chinese	
	Black and Any Other Ethnic Group	
	Black and Chinese	
	Chinese and Any Other Ethnic Group	
	White and Any Other Ethnic Group	
	White and Chinese	
	Other Mixed Background	
<b>Indian</b>	Indian	
<b>Pakistani</b>	Mirpuri Pakistani	
	Kashmiri Pakistani	
	Other Pakistani	
<b>Bangladeshi</b>	Bangladeshi	
<b>Include East and South African Asians</b>	African Asian	

Any Other Asian Background	Nepali	
	Sri Lankan Sinhalese	
	Sri Lankan Tamil	
	Sri Lankan Other	
	Other Asian	
Black Caribbean	Black Caribbean	
Black African	Black Angolan	
	Black Congolese	
	Black Ghanaian	
	Black Nigerian	
	Black Sierra Leonean	
	Black Somali	
	Black Sudanese	
Include Black South African, Zimbabwean, Eritraean, Ethiopian, Kenyan and Ugandan.	Other Black African	
Chinese	Hong Kong Chinese	
Any Other Ethnic Group	Afghan	
	Arab Other	
	Egyptian	
	Filipino	
	Iranian	
	Iraqi	
	Japanese	
	Korean	
	Kurdish	
Include all pupils from Central/South America, Cuba and Belize	Latin/South/ Central American	
	Lebanese	
	Libyan	
	Malay	
	Moroccan	
	Polynesian	
	Thai	
	Vietnamese	
	Yemeni	
	Other Ethnic Group	
Refused	Refused	

Language Normally Spoken in the Child's Home* (place 'X' in correct box)					Languages (please complete where applicable)		
Bengali		Cantonese		English		Language Type	Language
Greek		Gujarati		Hindi		First Language	
Italian		Portuguese		Punjabi		Second Language	
Spanish		Turkish		Urdu		Multiple Language	
Other (please specify)							

\*A language other than English should be recorded where a child was exposed to this language during early development and continues to be exposed to this language in the home or in the community. If a child was exposed to more than one language (which may include English) during early development, a language other than English should be recorded, even if your child's spoken English is good.

Religion of Child (place 'X' in correct box)			
Christian		Hindu	
Jewish		Muslim	
Sikh		No religion	
Other religion (please specify)			

