**CONFIDENTIAL PUPIL DETAILS (THIS MUST BE COMPLETED IN FULL)**

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| **PUPIL DETAILS** | | | |
| Legal Forename: |  | Preferred Forename: |  |
| Middles Names: |  | Gender: | |
| Legal Surname: |  | Preferred Surname: |  |
| Date of Birth: |  | Previous School: | |
| Home Address: |  | | |
| Name(s) of siblings who **currently** attend Philips High: | | | |
| Agreed Start Date at Philips High: | | Year: | Form: |

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| **PARENTAL DETAILS / EMERGENCY CONTACTS**  **(This would be the first person we would contact in an emergency)**  **WE MUST BE GIVEN AT LEAST TWO CONTACTS** | | | | | | | |
| **Name of 1st contact**: | Mr/Mrs/Miss/Ms | Forename: |  | | Surname: | |  |
| Home Address: |  | | | | | | |
| Relationship to pupil |  | | Lives with pupil | | | Parental Responsibility | |
| Mobile Tel No: |  | | Work No: |  | | | |
| Home Tel No: |  | | Email |  | | | |
| Communication: | I wish to receive texts, emails and letters from school regarding my child | | | | | | |
| **Name of 2nd contact**: | Mr/Mrs/Miss/Ms | Forename: |  | | Surname: | |  |
| Home Address: |  | | | | | | |
| Relationship to pupil |  | | Lives with pupil | | | Parental Responsibility | |
| Mobile Tel No: |  | | Work No: |  | | | |
| Home Tel No: |  | | Email: |  | | | |
| Communication: | I wish to receive texts, emails and letters from school regarding my child | | | | | | |
| **Name of 3rd contact**: | Mr/Mrs/Miss/Ms | Forename: |  | | Surname: | |  |
| Home Address: |  | | | | | | |
| Relationship to pupil |  | | Lives with pupil | | | Parental Responsibility | |
| Mobile Tel No: |  | | Work No: |  | | | |
| Home Tel No: |  | | Email: |  | | | |

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| **MEDICAL INFORMATION / DIETARY REQUIREMENTS** | | | | | | | | |
| Doctor’s Name: | | | | |  | | | |
| Practice Name: | | | | |  | | | |
| Address: | | | | |  | | | |
| Tel. No. | | | | |  | | | |
| Medical notes:  Please detail any medical condition, i.e. asthma which you feel we should be aware of: | | | | |  | | | |
| Allergies: | No | | Yes  ( if yes please state) | | | | | |
| Dietary Requirements: | | Halal | | Pescatarian | | Vegetarian | Vegan | Other: |

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| Does your child wear prescription glasses? Yes  No |
| Please contact school confidentially if your child is ‘adopted from care’, under a ‘special guardianship order’ or ‘child arrangement order’ as extra funding is available for school. |

We are requested by the DfE to obtain the following information. It will be kept in school, in confidence. Any details sent to the Department will be overall statistics only, and no individual details will be released. We appreciate your co-operation in filling in this section of the form.

Please indicate by a tick which of the following best describes your child’s ethnic origin:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| WBRI | White British |  | ABAN | Bangladeshi |  |
| WIRI | White Irish |  | AOTH | Any other Asian background |  |
| WOTH | Any other background |  | BCRB | Black Caribbean |  |
| MWBC | White and Black Caribbean |  | BAFR | Black African |  |
| MWBA | White and Black African |  | BOTH | Any other Black background |  |
| MWAS | White and Asian |  | CHNE | Chinese |  |
| MOTH | Any other mixed background |  | OOTH | Any other ethnic group |  |
| AIND | Indian |  | WIRT | Traveller of Irish Heritage |  |
| APKN | Pakistani |  | WROM | Gypsy/Roma |  |
| REF | Parent/pupil preferred not to say |  |  |  |  |

Please state the language normally used at home:

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| --- | --- | --- | --- |
| English |  | If not English, please state: |  |
| English as an additional language (EAL): Yes  No | | | |

Please indicate, by a tick, your religious belief:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Christian |  | Buddhist |  | Greek Orthodox |  | Sikh |  |
| Hindu |  | Jewish |  | Jehovah’s Witness |  | Other |  |
| Mormon |  | Muslim |  | No religion |  |  |  |

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| Please state if Service Child in Education (eg Parent in Armed Forces) Yes  No |

**Parental Consent**

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| --- | --- |
| **Home/School Agreement**  I accept the Home/School Agreement | |
| **Pupil Acceptable Use Agreement**  I accept the Pupil Acceptable Use Agreement (Pupil cannot have access to the internet if ‘no’)  I agree to the use of Digital/Video Images | Yes / No  Yes / No |
| **Parental Consent for Outdoor Education Activities Within the Schools Locality and to Play in School Teams**  I give consent for the Outdoor Activities including Year 10 & 11 making their own way home from sports fixtures  I give permission for my child to play in school teams | Yes / No  Yes / No |
| **Biometric Cashless System**  I give consent for my child to participate in the scheme | Yes / No |
| **Place2Talk**  I give permission for my child to go to Place2Talk should they feel the need to. | Yes / No |
| **Realistic Choices**  I give permission for my child to arrange a careers guidance interview when in Y10/Y11 | Yes / No |
| **Free School Meals**  I believe my child may be eligible for Free School Meals | Yes / No |

**Signature of Parent/Carer ...................................................................... Date ................................**

**Signature of Pupil ....................................................................... Date ................................**

Please return this sheet to school marked ‘For the attention of Mrs Hart’.

If you change your mind to any of the above at any time, then please contact us.