

STRICTLY CONFIDENTIAL

PADNELL INFANT SCHOOL ESSENTIAL INFORMATION FORM

Student Details (Block Capitals)



Legal Surname _____

Legal Forename _____ Preferred Forename _____

Middle Names _____

Gender at birth Male / Female Gender Identity Male / Female Date of birth _____

Ethnicity _____ Nationality _____

Religion _____ Does the school need to take any religious wishes into account (an appointment will be arranged to discuss these with you). Yes/No

Home Address _____

_____ Postcode _____

Family and other contacts

Mother's Details

Title _____ First Name _____ Surname _____

Resident with child? Yes/No Address if different from child _____
_____ Home Tel No. _____

Mobile Tel No _____ Work Tel No _____

Email: _____

Occupation: _____

Please circle to show order of contact in an emergency
1st 2nd 3rd 4th 5th

Father's Details

Title _____ First Name _____ Surname _____

Resident with child? Yes/No Address if different from child _____
_____ Home Tel No. _____

Mobile Tel No _____ Work Tel No _____

Email: _____

Occupation: _____

Please circle to show order of contact in an emergency
1st 2nd 3rd 4th 5th

Who has parental responsibility?

- Child's birth mother
- Child's birth father if married to the mother (he will retain PR even if parents subsequently divorce)
- An unmarried father whose child was born after 1st December 2003 and who is named on the child's birth certificate
- An unmarried father who later marries the child's birth mother

Due to the change in the law and position for school regarding Parental Responsibility, we **cannot** change the child's legal surname to a preferred name without both parents who are named on the child's birth certificate giving authorisation.

Guardian/Step Parent's Details

Title _____ First Name _____ Surname _____

Resident with child? Yes/No Address if different from child _____

_____ Home Tel No. _____

Mobile Tel No _____ Work Tel No _____

Email: _____

Authorised to Collect Yes/No

Please circle to show order of contact in an emergency
1st 2nd 3rd 4th 5th

Please give two further contacts that we can call in the case of an emergency, in addition to those already given.

Title _____ First Name _____ Surname _____

Mobile Tel No _____ Home Tel No _____

Relationship to child: _____

Authorised to Collect Yes/No

Please circle to show order of contact in an emergency
1st 2nd 3rd 4th 5th

Title _____ First Name _____ Surname _____

Mobile Tel No _____ Home Tel No _____

Relationship to child: _____

Authorised to Collect Yes/No

Please circle to show order of contact in an emergency
1st 2nd 3rd 4th 5th

Family Links

Name and ages of siblings (if any)

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Legal

Is there a custody/court order in force for this child? Yes/No

If yes, please provide a copy of the order and note any special instructions here: _____

Language & Background

Language spoken in the home: _____ Is English an additional language? Yes/No

Is either parent a current member of the Armed Forces? Yes/No
(including a parent who is on full commitment as part of the full-time reserve service)

Has your child been registered as a "service child" at any other school Yes/No

Have you any concerns about your child's development, either physically or cognitively? Yes/No

Details: _____

Has your child or family ever had Early Help Hub, Family Support or Children's Services involved?

Details: _____

Are these services still in use? Yes/No

Any other family information that is relevant to school (e.g. one-parent family, step family, deceased parent etc): _____

Medical Details

Family Doctor: _____

Tel No: _____

Surgery: _____

Any medical conditions or health concerns:

Dietary Requirements & Allergies

Please list any food/drink allergies your child may have:

Please list any additional allergies that your child may have. This may include: animal hair, materials, plants, hay fever:

Please indicate most likely meal requirements

School meals/sandwiches/home dinners

First Aid Consent

Do you consent to us "acting as necessary" for your child in the event of an emergency should we be unable to contact you, or any of the above given contacts (for example Emergency First Aid such as CPR, attendance to hospital etc)?

Yes/No

NB: We will continue to try and contact you.

Transportation

Please indicate how your child will likely travel to school: walk/bicycle/car/car share/taxi/public bus