

**Headteacher: Mr. Andy Bowman**

**Southville Primary**

**Myrtle Street**

**Southville**

**Bristol**

**BS3 1JG**

**Tel: 0117 3534444**

**Southville Primary**

**Merrywood Road**

**Southville**

**Bristol**

**BS3 1EB**

**Tel: 0117 3772671**

13th September 2020

**Confidential Information Form**

**Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname  |  | First Name (s) |  |
| Date of birth |  | Gender | M / F |
| Address |  Postcode |
| Preferred choice of name if any |  |

**Name of First Parent/Guardian Living at Home Address Above**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Surname |  |
| Relationship to child |  | Parental responsibility? | Yes / No |
| Home telephone number |  | Mobile phone number |  |
| Work place |  | Work telephone number |  |
| Email address |  |

**Name of Second Parent/Guardian**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Surname |  |
| Relationship to child |  | Parental responsibility? | Yes / No |
| Mobile telephone number |  | Work telephone number |  |
| Workplace |  | Address (if different) |  |
| Email address |  |

|  |  |
| --- | --- |
| Name of sibling/s already attending Southville Primary |  |

**Emergency Contact Details**

|  |
| --- |
| Additional contacts in case of emergency or illness  |
| Name(s) and relationship  | 1.2.3. | Telephone number(s) | 1.2.3. |

**Medical Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of doctor |  | Telephone number |  |
| Practice address |  |
| Does your child suffer from Asthma?If yes, do you give permission to use the school emergency inhaler?* If your child suffers from Asthma, a **care plan** needs to be completed prior to starting school. This form can be collected from the school office.
* Please ensure you provide an i**nhaler** for use in school.
* The school emergency inhaler can only be used if a care plan is in place.
 | Yes/No Yes/No |
| Does your child have any other medical conditions? If yes, does your child need regular medication in school hours? | Yes/No (if yes, details)Yes/No (if yes, details) |
| Is your child allergic to plasters?If no, do you give permission for the school First Aider to use plasters if deemed necessary?  | Yes/NoYes/No |

**Food Allergy**

|  |  |
| --- | --- |
| Does your child have a food allergy or intolerance?If your child has a food allergy/intolerance or preference and has school meals, please fill out an allergies & intolerances referral form. | Yes/No (if yes, details) |
| Please state if your child is vegetarian or requires a special diet for religious reasons e.g. Halal. | Yes/No (if yes, details) |

**Additional Information**

|  |  |
| --- | --- |
| Is your child a looked after child, in care or recently adopted? | Yes/No |
| Previous school/Nursery School | Details: |
| Any known special educational needs? | Details: |
| Main mode of travel to and from school? | Details: |

**Please can all parents complete enclosed Pupil Premium Checker form.** If you are entitled to Pupil Premium, this provides funding and support for your child and also entitles him/her to free school trips and other activities.

**Ethnicity**

|  |  |  |
| --- | --- | --- |
| **Main Category** | **Sub Category** | **Please Tick One** |
| White | British |  |
|  | Irish |  |
|  | Traveller of Irish Heritage |  |
|  | White Eastern European |  |
|  | White Western European |  |
|  | Any Other White Background |  |
|  | Gypsy/Romany |  |
| Mixed/Dual Background | White and Black Caribbean |  |
|  | White and Black African |  |
|  | White and Asian |  |
|  | Any Other Mixed Background |  |
| Asian or Asian British | Indian |  |
|  | Pakistani |  |
|  | Bangladeshi |  |
|  | Any Other Asian Background |  |
| Black or Black British | Caribbean |  |
|  | African |  |
|  | Somali |  |
|  | Any Other Black Background |  |
| Chinese | Chinese |  |
| Any Other Ethnic Group | Any other Ethnic Group |  |
| Additional | Refused |  |

Pupil nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Language\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*A child’s first language is defined as “any language other than English that a child was exposed to during early development and continues to be exposed to in the home or community”.

**Permissions**

|  |  |
| --- | --- |
| **Activity/Event** | **Permission**  |
| I give permission for my child to take part in any school visits/trips, on the understanding that I will be notified about these in advance. | **Yes / No** |
| I give permission for my child to attend swimming sessions from Year 2 - Year 6 and to walk under supervision to and from the Swimming Pool. | **Yes / No** |
| I have read and agree to the terms of the attached Privacy Notice | **Yes / No** |
| I give permission for my child to be photographed/filmed during school activities and productions for:* display in school
 | **Yes / No** |
| * the school website
 | **Yes / No** |
| * the local press
 | **Yes / No** |
| * social media (Facebook, Twitter, Instagram, etc.,)
 | **Yes / No** |
| * promotional materials
 | **Yes / No** |
| * medical file held in school
 | **Yes / No** |
| * dietary file held in school
 | **Yes / No** |
| * Pupil Asset (School Student Information System)
 | **Yes / No** |
|  I give permission for my child to access the full curriculum. | **Yes / No** |