**CONFIDENTIAL INFORMATION FORM**

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| CHILD INFOROMATION | | | | | | | | | | |
| **Surname:** | |  | | | | | | | | |
| **First name(s):** | |  | | | | | | | | |
| **Date of birth:** | |  | | | | | | **Gender**: | | Female / Male |
| **Preferred name:** | |  | | | | | | | | |
| **Home Address:**  **Postcode** | |  | | | | | | | | |
| **Pupil nationality:** | |  | | | | | | | | |
| **Home Language:** | |  | | | | | | | | |
| **First Language\*:** | |  | | | | | | | | |
| \*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”. | | | | | | | | | | |
| **Other languages spoken/heard at home: they do not have to be spoken by the child** | |  | | | | | | | | |
| **ADDITIONAL INFORMATION ABOUT THE CHILD** | | | | | | | | | | |
| **Any known special educational needs or additional needs?** | |  | | | | | | | | |
| **Is your child a looked after child, in care, recently adopted or under a Special Guardianship Order?** | |  | | | | | | | | |
| **Dietary requirements:** | |  | | | | | | | | |
| **Previous school / nursery settings:** | |  | | | | | | | | |
| **SIBLING INFORMATION** | |  | | | | | | | | |
| **Do you have children attending Southville Primary?** | | Yes / No | | | If Yes, please include Name and Age of child / children: | | | | | |
| **Name and age of child/children not attending Southville Primary:** | |  | | | | | | | | |
| parent/carer infoRMATION living at home address WITH THE CHILD | | | | | | | | | | |
| **Title:** | |  | **First name(s):** | | | |  | | | |
| **Surname:** | |  | | | | | | | | |
| **Relationship to child:** | |  | | | | | | | | |
| **Parental responsibility:** | | Yes / No | | | | | | | | |
| **Primary contact number:**  **(Mobile)** | |  | | | | | | | | |
| **Secondary contact number: (Work / Home)** | |  | | | | | | | | |
| **Email:** | |  | | | | | | | | |
| **EMERGENCY / ILLNESS CONTACT** | | | | | | | | | | |
| **Are the above details relevant for an Emergency / Illness contact** | | | | | | | | | Yes / No | |
| **Primary contact** | | | | | | | | | Yes / No | |
| **Secondary contact** | | | | | | | | | Yes / No | |
| OTHER parent/carer info | | | | | | | | | | |
| **Title:** | |  | **First name(s):** | | | |  | | | |
| **Surname:** | |  | | | | | | | | |
| **Relationship to child:** | |  | | | | | | | | |
| **Parental responsibility:** | | Yes / No | | | | | | | | |
| **Address (if different):**  **Postcode** | |  | | | | | | | | |
| **Primary contact number:**  **(Mobile)** | |  | | | | | | | | |
| **Secondary contact number: (Work / Home)** | |  | | | | | | | | |
| **Email:** | |  | | | | | | | | |
| **EMERGENCY / ILLNESS CONTACT** | | | | | | | | | | |
| **Are the above details relevant for an Emergency / Illness contact** | | | | | | | | | Yes / No | |
| **Primary contact** | | | | | | | | | Yes / No | |
| **Secondary contact** | | | | | | | | | Yes / No | |
| **OTHER EMERGENCY / ILLNESS CONTACT DETAILS** | | | | | | | | | | |
| **Title:** |  | | | **First name(s):** | |  | | | | |
| **Surname:** |  | | | | | | | | | |
| **Relationship to child:** |  | | | | | | | | | |
| **Primary contact number:**  **(Mobile)** |  | | | | | | | | | |
| **Secondary contact number: (Work / Home)** |  | | | | | | | | | |
| **EMERGENCY / ILLNESS CONTACT** | | | | | | | | | | |
| **Are the above details relevant for an Emergency / Illness contact** | | | | | | | | | Yes / No | |

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| Medical infoRMATION | | |
| **Name of Doctor** |  | |
| **Telephone number of Surgery** |  | |
| **Doctor’s Surgery address** |  | |
| **Does your child have any medical conditions?** | Yes / No | |
| If yes, please provide details of medical conditions below: | | |
|  | | |
| **Does your child need regular medication in school hours?** | | Yes / No |
| If yes, please provide details below: | | |
|  | | |
| **Does your child suffer from asthma?** | | Yes / No |
| 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. The school emergency inhaler can only be used if a care plan is in place.  Please ensure you provide an **inhaler** for use in school. | | |
| In emergency’s I give permission to use the school emergency inhaler using my child’s care plan as a guide | | Yes / No |

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| Allergies | |
| Does your child have any allergies? E.g. food allergy, hay fever, allergy to medicine. | |
| If yes, please provide details; | |
| Does your child have prescribed medicine from a Doctor to treat allergies?  If your child suffers from allergies, that requires prescribed treatments from the GP a **care** **plan (to describe their allergy treatment plan)** needs to be completed prior to starting school. This form can be collected from the school office. | Yes / No |
| If yes, please provide details below: | |
| If your child has a prescribed auto injection pen, do you give permission for staff to use the school emergency auto injector?  If **yes**, please ensure you provide an auto injector adrenaline pen and/or their antihistamine for use in school. | Yes / No |
| Is your child allergic to plasters? | Yes / No |
| If no, do you give permission for the school First Aider to use plasters, if necessary? | Yes / No |

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| 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 |  |
| **RELIGION** | | |
| **If your family has a religion and you would like to share this with the school, please document below.** | | |

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| Permissions | |
| **ACTIVITY / EVENT** | |
| I give permission for my child to take part in any local school visits/trips that doesn’t involve using transport, on the understanding that I will be notified about these in advance. | Yes / No |
| I give permission for my child to attend swimming sessions and to walk under supervision to and from the Swimming Pool. | Yes / No |
| I have read and agree to the terms of the Privacy Notice on the School website.  [privacy-notice-for-pupils-and-parents-approved-221123.pdf (southville.bristol.sch.uk)](https://www.southville.bristol.sch.uk/media/1937/privacy-notice-for-pupils-and-parents-approved-221123.pdf) | Yes / No |
| **MULTIMEDIA PERMISSIONS** | |
| I give permission for my child to be photographed/filmed during school activities and productions for: | |
| Display in school | Yes / No |
| School website / Social media (Facebook, Twitter, Instagram etc) **Please note children will not be named** | Yes / No |
| Promotional materials for the school | Yes / No |
| Local press opportunities | Yes / No |
| Medical file held in school | Yes / No |
| Dietary file held in school | Yes / No |
| School Student Information Application | Yes / No |
| **CURRICULUM AND LEARNING** | |
| Access the full curriculum including Religious Education and Sex and Relationships Education as long as the outline learning is shared first. | Yes / No |
| Food tasting as part of a curriculum area as long as all allergy information is shared | Yes / No |
| Parent / Carer Signature:  Date: | |

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