



# Windsor Clive Primary School

Date of Meeting with Parents/Carers: \_\_\_\_\_

Member of staff who completed the form: \_\_\_\_\_

Date of admission: \_\_\_\_\_ Class: \_\_\_\_\_

## Child's Details

Child's Surname: .....	First Name: .....
Middle Name(s): .....	Known as: .....
Date of Birth: .....	Gender:(M or F) .....
Address: .....	
Postcode: .....	Home Tel. No.: .....

## Parental Contacts

Mother's Surname: .....	First Name: .....	
Title: .....	Parental Responsibility: (Y/N) .....	Priority: (1,2, 3 or 4) .....
Address: .....		Postcode: .....
Home Tel. No.: .....	Mobile No.: .....	
Day Place:.....	Day Tel No.: .....	

Father's Surname: .....	First Name: .....	
Title: .....	Parental Responsibility: (Y/N) .....	Priority: (1,2, 3 or 4) .....
Address: .....		Postcode: .....
Home Tel. No.: .....	Mobile No.: .....	
Day Place:.....	Day Tel No.: .....	

Do parents/carers need an interpreter?	Yes		No	
Language:				

## Other Emergency Contacts

Surname: .....	First Name: .....
Title: .....	Relationship to child: ..... Priority: (1,2, 3 or 4) .....
Address: .....	Postcode: .....
Home Tel. No.: .....	Mobile No.: .....
Day Place:.....	Day Tel No.: .....

Surname: .....	First Name: .....
Title: .....	Relationship to child: ..... Priority: (1,2, 3 or 4) .....
Address: .....	Postcode: .....
Home Tel. No.: .....	Mobile No.: .....
Day Place:.....	Day Tel No.: .....

## Medical Information

Doctor's Name: .....	Telephone No.: .....
Doctor's Address: .....	

Are there any medical conditions we need to know about, including allergies?
Has your child had any medical treatments in the past we should know about?
Does your child have any dietary needs for medical or religious reasons?

## Religion – Please tick one only one box in this section

Anglican		Baptist		Christian		Hindu	
Jewish		Roman Catholic		Methodist		Muslim	
United Reform Church		Sikh		No Religion		Other	

## Previous School Details

Has your child attended this school before?	Yes		No	
If 'Yes', please give the approximate date of leaving:				
Does your child have brothers or sisters attending this school?	Yes		No	
If 'Yes', please give name and date of birth of eldest brother or sister				
Name:		Date of Birth:		
Was your child born outside of the United Kingdom?	Yes		No	
If 'Yes', please give date of arrival in the UK and place of birth				
Place of birth		Date of arrival in the UK:		
Previous play groups or schools	Date of Starting	Date of Leaving	English used?	
Are there any significant gaps in education?				

## Home Language

What language does your child mainly speak at home?							
Does your child speak any additional languages?							
If the home language is NOT English then							
How well does your child use their first language? <i>Does she/he ask, answer questions, express emotions etc</i>	Very well		OK		Concerned about it		
Can your child use their first language for:-	Reading?	Y / N	Writing?	Y / N			
How well does your child speak English?							

What things does your child enjoy doing?	Any concerns about your child starting school?	Any other information about the family?

## National Identity – Please tick only one box section

Welsh		British		English		Irish	
Scottish		Other (Please specify)					
I do not wish National Identity to be recorded							

**Ethnicity – Please tick only one box in this section**

<b>WHITE</b>					
White British		Czech		Portuguese	
Traveller of Irish Heritage		French		Romanian	
New Traveller		German		Russian	
Occupational Traveller		Greek / Greek Cypriot		Scandinavian	
Other Traveller		Hungarian		Serbian	
British Gypsy / Gypsy Roma		Italian		Slovakian	
Gypsy / Gypsy Roma from other countries		Kosovan		Slovenian	
Other Gypsy / Gypsy Roma		Latvian		Spanish	
Albanian		Lithuanian		Turkish /Turkish Cypriot	
Bosnian-Herzegovinian		Maltese		Ukrainian	
Bulgarian		Montenegrin		White European Other	
Croatian		Polish		Other White	

<b>MIXED BACKGROUND</b>					
White and Black Caribbean		White and Chinese		Asian and Black	
White and Black African		Asian and Chinese		Other Mixed Background	
White and Asian		Black and Chinese		Black and Any Other Ethnic Group	
White and Any Other Ethnic Group		Asian and Any Other Ethnic Group		Chinese and Any Other Ethnic Group	

<b>ASIAN OR ASIAN BRITISH</b>					
Indian		African Asian		Sri Lankan Tamil	
Mirpuri Pakistani		Kashmiri		Other Asian	
Other Pakistani		Nepali			
Bangladeshi		Sinhalese			

<b>BLACK OR BLACK BRITISH</b>					
Caribbean		Ghanian		Sudanese	
Sierra Leonean		Somali		Black North American	
Other Black African		Black European			
Other Black		Nigerian			

<b>CHINESE OR CHINESE BRITISH</b>					
Hong Kong Chinese		Malaysian Chinese		Singaporean Chinese	
Taiwanese		Other Chinese			

<b>ANY OTHER ETHNIC GROUP</b>					
Afghanistani		Japanese		Moroccan	
Arab		Korean		Polynesian	
Egyptian		Kurdish		Thai	
Latin/South/Central American		Filipino		Vietnamese	
Irani		Lebanese		Yemeni	
Iraq		Malay		Other Ethnic Group	
Libyan					

## Your child's use of the Welsh Language

Can your child speak Welsh?				Yes		No	
If 'Yes' then please answer the following questions							
Which of the following best describes your child's fluency in Welsh?							
		Speaks Welsh fluently			Speaks Welsh but not fluently		

Does your child speak Welsh at home?				Yes		No	
If 'Yes' please tick one of the following boxes							
		Speaks Welsh with one parent or guardian only					
		Speaks Welsh with both parents or guardians					
		Does not speak Welsh at home with parents or guardians					

Does your child speak Welsh at home with their siblings?				Yes		No	
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## DECLARATION (Parent or Guardian)

I confirm that the information held on this form is correct.

Signed: .....

Date: .....

Relationship to child: .....

## Data Protection

The data requested will be stored on the school management information system and used for the purposes outlined in the document about Use of Information "What the School, Local Education Authority and Government does with information it holds on pupils" (This document is called our 'Privacy Notice'). Every effort is made to ensure the accuracy and security of personal data held by the school. Individuals have certain rights of access to personal information held on them which are outline in this leaflet.

## FOR SCHOOL USE ONLY:

Date of Admission				Class/Reg Group:					
Birth Certificate seen?	Yes		No		Full Time / Part Time				
Eligible for Free Meals	Yes		No		Eligible for Free Milk?	Yes		No	
EAL?	Yes		No		Transport provided by LEA?	Yes		No	
School Travel (Please circle correct type):				Walks   Car   Public Transport   Taxi   Train   Coach					
Has the parent/guardian been issued with the Privacy Notice?						Yes		No	