



PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE OF THE SCHOOL YOU ARE APPLYING TO.

All data and information is held in compliance with the General Data Protection Regulations.
The following information is required for our records and could prove useful in an emergency. If you need more space
(e.g. for additional contacts, further medical information, social worker, speech therapist, physiotherapist etc)
please use a separate sheet of paper.

CHILD'S DETAILS:		
Child's Forename:		
Child's Surname:		
Child's Date of Birth:		
Child's Gender at Birth:	Male / Female	
Child's Main Residence:		
Postcode:		
Home Telephone Number:		
Is the child privately fostered?:	A private fostering arrangement is one that is made privately of a child under 16 years of age (18 were they are disabled) who is looked after by someone other than a parent or close relative and is intended to last more than 28 days. Private foster carers may come from the extended family such as a cousin or great aunt.	Yes / No
Is the child a carer?	A young carer is someone aged 18 or under who helps look after arelative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem.	Yes / No
Is the child disabled? <i>(Info)</i>		Yes / No
So that we can evidence the identity, age and parentage of your child, please provide us with:-		
Sight of the original Birth Certificate for your Child		Yes / No
Sight of the original Birth Certificate of each Parent		Yes / No
Sight of the original Marriage Certificate of Parents (if relevant)		Yes / No
IMMIGRATION STATUS: <i>(Please tick if applicable)</i>		
Asylum Seeking	Refugee	Exceptional Leave to Remain

ETHNIC ORIGINAL: (Please tick)	
WHITE:	ASIAN or ASIAN BRITISH:
• English	• Indian
• Scottish	• Pakistani
• Irish	• Bangladeshi
• Any other White Background	• Any other Asian Background
MIXED:	BLACK or BLACK BRITISH:
• White and Black Caribbean	• Caribbean
• White and Black African	• African
• White and Asian	• Any other Black background
• Any other mixed background	ANY OTHER ETHNIC GROUP: (Please disclose)
TURKISH:	KURDISH:
CHINESE:	GYPSEY Traveller:
I DO NOT WISH MY CHILD'S ETHNICITY TO BE RECORDED IN ANY WAY	
RELIGION: (Please advise and include any religious restrictions or requests)	
LANGUAGE: (Please Tick)	
English is the main or only language spoken at home:	
English as an Additional Language (EAL):	
Please advise first spoken language:	
Is an interpreter required:	
PREVIOUS SCHOOL HISTORY (1):	
Name of School:	
Dates of Attendance:	
Address of School:	
Telephone Number:	
Head Teachers Name:	
Year Group:	
Class Name:	
Class Teacher's Name:	
PREVIOUS SCHOOL HISTORY (2):	
Name of School:	
Dates of Attendance:	
Address of School:	
Telephone Number:	
Head Teachers Name:	
Year Group:	
Class Name:	
Class Teacher's Name:	

PARENT / CARER DETAILS - CONTACT 1: (Person with Parental Responsibility)		
Relationship to Child:	Mother / Father / Carer / Guardian / Other:	<i>(please delete)</i>
Title:		
Forename:		
Surname:		
Address:		
Postcode:		
Personal Email Address:		
Home Telephone Number:		
Mobile Tel. Number:		
Work Telephone Number:		
Place of Work:		
PARENT / CARER DETAILS CONTACT 2: (Person with Parental Responsibility)		
Relationship to Child:	Mother / Father / Carer / Guardian / Other:	<i>(please delete)</i>
Title:		
Forename:		
Surname:		
Address:		
Postcode:		
Personal Email Address:		
Home Telephone Number:		
Mobile Tel. Number:		
Work Telephone Number:		
Place of Work:		
ALTERNATIVE EMERGENCY - CONTACT 1:		
Relationship to Child:	Grandparent / Family / Friend / Other:	<i>(please delete)</i>
Title:		
Forename:		
Surname:		
Address:		
Postcode:		
Personal Email Address:		
Home Telephone Number:		
Mobile Tel. Number:		
Work Telephone Number:		
Place of Work:		

ALTERNATIVE EMERGENCY - CONTACT 2:			
Relationship to Child:	Grandparent / Family / Friend / Other:		<i>(please delete)</i>
Title:			
Forename:			
Surname:			
Address:			
Postcode:			
Personal Email Address:			
Home Tel. Number:			
Mobile Tel. Number:			
Work Tel. Number:			
Place of Work:			
SIBLING INFORMATION:	Name:	Date of Birth:	Male / Female Gender:
Please advise us of any other children you have, or siblings to your Child			
MEDICAL INFORMATION: <i>(about the Child)</i>			
Allergy Information:			
Medical Condition(s) Information:			
Regular Medication Information:			
Eye Sight / Hearing / Speech Difficulties:			
Other:			
HEALTH / CARE / WELFARE PLANS: <i>(Please provide details)</i>			
Is there an 'EHP' in place? (Education Health & Care Plan)	Yes / No		
Is there a School Care Plan in place or required?	Yes / No		
Is there a 'CAF' in place? (Child Assessment Framework)	Yes / No		
Is there a 'CIN' Plan in place? (Child In Need')	Yes / No		
Is there a CPO in place? (Court Protection Order)	Yes / No		

SERVICES WORKING WITH THIS CHILD:-	
Dr/G.P. :	
Child's Dr / GP:	
Name of Surgery:	
Address of Surgery:	
Telephone Number:	
Please outline below any other medical or social factors which might affect your child's education, emotional or physical health which we should be aware of.	
Health Visitor / School Nurse:	
Name:	
Health Centre Address:	
Postcode:	
Telephone Number:	
Other Agencies (1):	
Agency Name:	
Contact:	
Designation / Role:	
Agency Address:	
Agency Postcode:	
Telephone Number:	
Other Agencies (2):	
Agency Name:	
Contact:	
Designation / Role:	
Agency Address:	
Agency Postcode:	
Telephone Number:	
SELF DECLARATION	
I/We confirm that the information provided within this form is accurate.	
Signed: Parent/Carer 1	
Date:	
Signed: Parent/Carer 1	
Date:	

Additional Quality Standards for Children on a Child Protection Plan:	
Are there copies of the CP report and conference minutes on records/files?	
Is there an up-dated Child Protection Plan on record?	
Is there evidence of school involvement in core group meetings?	
Is there evidence that copies of CP reports prepared by the school are shared with parents and carers prior to conference?	
Is there evidence of management oversight and endorsement of decisions?	
Is there evidence of monitoring and reporting to the Governing Body of CP issues and resource implications?	
For records being transferred to another school is there evidence that the CP file is delivered to a named person or sent separately from the pupil school file?	
Additional Quality Standards for Children on a Child in Need Plan:	
Is there a separate designated area to record a child identified as being in need?	
Are copies of CiN meetings and plans kept on file?	
Is there evidence of the schools involvement in the CiN process?	
Is there evidence that the allocated worker is confident in escalating issues where there are disagreements as to the risks to the child?	