Great Doddington Primary School

Pupil Data Checking Sheet

In order to comply with **Data Protection** legislation and to follow good practice in respect of the collecting and managing information securely the individuals whom are the subject of the information/have parental/guardian responsibility are generally entitled to see the information and are encouraged to help keep the information up to date. This information will be used for educational, welfare, planning or managerial purposes. For full details please ask the school for a copy of their Privacy Notice.

Child's Details			
Legal Forename(s) :		**Middle Name(s) :**	
Legal Surname:			
Preferred Forename(s):		**Preferred Surname:**	
Date of Birth:		**Gender:**	**Boy** ☐ **Girl** ☐
Address:			

Parent/Guardian and other Contact Details			
	Name	**Address**	**Contact Tel:**
Contact	**Miss/Mrs/Ms/Mr ----------**		(home) mobile) (work)
	Relationship to Child	Parental Responsibility ☐ Court Order ☐	**Email:**
If there is an emergency or if your child becomes ill during the day we need to contact be able to contact you (or someone acting for you who would able to collect your child). Should we contact the above person in case of an emergency? If so please indicate if they are to be the 1st, 2nd or 3rd priority contact person.			**Yes** ☐ **No** ☐ **Contact Priority** _____
	Name	**Address**	**Contact Tel:**
Contact 2	**Miss/Mrs/Ms/Mr ----------**		(home) mobile) (work)
	Relationship to Child	Parental Responsibility ☐ Court Order ☐	**Email:**
If there is an emergency or if your child becomes ill during the day we need to contact be able to contact you (or someone acting for you who would able to collect your child). Should we contact the above person in case of an emergency? If so please indicate if they are to be the 1st, 2nd or 3rd priority contact person.			**Yes** ☐ **No** ☐ **Contact Priority** _____

Parent/Guardian and other Contact Details … continued			
	Name	**Address**	**Contact Tel:**
Contact 3	**Miss/Mrs/Ms/Mr ----------**		(home) mobile) (work)
	Relationship to Child	Parental Responsibility ☐ Court Order ☐	**Email:**
If there is an emergency or if your child becomes ill during the day we need to contact be able to contact you (or someone acting for you who would able to collect your child). Should we contact the above person in case of an emergency? If so please indicate if they are to be the 1st, 2nd or 3rd priority contact person.			**Yes** ☐ **No** ☐ **Contact Priority** _____
Contact 4	**Miss/Mrs/Ms/Mr ----------**		(home) mobile) (work)
	Relationship to Child	Parental Responsibility ☐ Court Order ☐	**Email:**
If there is an emergency or if your child becomes ill during the day we need to contact be able to contact you (or someone acting for you who would able to collect your child). Should we contact the above person in case of an emergency? If so please indicate if they are to be the 1st, 2nd or 3rd priority contact person.			**Yes** ☐ **No** ☐ **Contact Priority** _____

Medical Details			
Doctors Name:		**Doctors Tel No:**	
Address:			

Has your child been diagnosed with any of the following:

- ☐ Problems with ASD/Asperger's
- ☐ Problems with Behavior
- ☐ Problems with Communication
- ☐ Problems with Consciousness
- ☐ Problems with Eating & Drinking
- ☐ Problems with Learning
- ☐ Problems with Medication
- ☐ Problems with Mobility
- ☐ Problems with Hand function
- ☐ Problems with Hearing
- ☐ Problems with Incontinence
- ☐ Problems with Palliative Care
- ☐ Problems with Personal care
- ☐ Problems with Vision
- ☐ Other Disability
- ☐ No Disability

Medical Conditions

Are there any other medical conditions or allergies we should be aware of? Please detail below:

Child's Religion

Please select your child's Religion:

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ No Religion
- ☐ Other Religion
- ☐ Please tick here if you prefer not to say

Ethnicity

Ethnically based Statistics (To be completed on behalf of all children)

The collection of ethnically based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in Northamptonshire schools.

Please select your child's ethnicity:

White
- ☐ British
- ☐ Irish
- ☐ Irish Traveler
- ☐ Gypsy/Roma
- ☐ Any other white background

Black or Black British
- ☐ Caribbean
- ☐ Somalia
- ☐ Other Black African
- ☐ Any other Black background

Asian or Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background

Mixed /Dual background
- ☐ White/Black Caribbean
- ☐ White/Black African
- ☐ White/Asian
- ☐ Any other Mixed background

Other Backgrounds
- ☐ Vietnamese
- ☐ Chinese
- ☐ Other Ethnic Group

Is English the child's 1st language Yes ☐ No ☐

If NO, please specify the 1st language _____

Country of Birth _____

First language is defined as the language the child was exposed to during early development and continues to be exposed to in the home.

Please give as much detail as possible, including dialects e.g. Bengali (Sylheti), Chinese (Cantonese).

Name and Address of Previous School, Nursery or Pre-School Attended (if applicable)		
School Name:		**Dates attended:**
School Address:		From: _____ To: _____

Travel Arrangements	
Please advise us how your child's travel to school:	
☐ Walk ☐ Cycle ☐ Car/Van ☐ Car Share (with another household)	☐ Bus (type not known) ☐ Public service bus ☐ Taxi ☐ Train

Family Links Brothers and Sisters		
Name	Address	School Attended
Name		
Name		
Name		

Please sign to say information is correct

Signature: _____ **Date:** _____

Name:
(in block capitals) _____ **Title:** _____