



STUDENT INFORMATION FORM

Please complete CLEARLY in BLOCK CAPITALS

Entering Year Group

STUDENT – names will be as shown on birth certificate unless legal documents to the contrary are supplied			
LEGAL SURNAME		Abbreviated / Preferred Forename (if any):	
LEGAL FORENAME			
Middle Name(s)			
Date of Birth			
Home Address			
	Postcode		
Name of any Sibling who attends or has attended Poole GS		DoB	
		DoB	
		DoB	
PARENT or LEGAL GUARDIAN WHO HAS PARENTAL RESPONSIBILITY – see Guidance Notes for more details			
Title		Relationship to student: Mother / Father / Legal Guardian <small>(NB: Step-parents & unmarried fathers do not have PR unless certain conditions are met)</small>	
Surname			
Forename			
Home Address <small>(if different to above)</small>			Address can be disclosed to ex-partner (where applicable)? Yes / No
	Postcode		
Phone Numbers	Home	<input type="checkbox"/>	Please indicate which phone number you prefer to be used in the case of an emergency by ticking ONE box
	Work	<input type="checkbox"/>	
	Mobile	<input type="checkbox"/>	
Personal Email			This will be the address used for school communications by E-Comms (see back page for consent)
First Language			
PARENT or LEGAL GUARDIAN WHO HAS PARENTAL RESPONSIBILITY – see Guidance Notes for more details			
Title		Relationship to student: Mother / Father / Legal Guardian <small>(NB: Step-parents & unmarried fathers do not have PR unless certain conditions are met)</small>	
Surname			
Forename			
Home Address <small>(if different to above)</small>			Address can be disclosed to ex-partner (where applicable)? Yes / No
	Postcode		
Phone Numbers	Home	<input type="checkbox"/>	Please indicate which phone number you prefer to be used in the case of an emergency by ticking ONE box
	Work	<input type="checkbox"/>	
	Mobile	<input type="checkbox"/>	
Personal Email			This will be the address used for school communications by E-Comms (see back page for consent)
First Language			
MINISTRY OF DEFENCE ARMED FORCES PERSONNEL - SERVICE CHILDREN IN EDUCATION			
Please tick if your child is classed as a "Service Child" or has been in the past 6 years (parents designated as MoD Personal Status Category 1 or 2) or they are in receipt of a child pension from the MoD			<input type="checkbox"/>

ANY OTHER ADULT WHO REGULARLY CARES FOR THE STUDENT – see Guidance Notes for more details

Title			State relationship to student: (NB: Step-parents & unmarried fathers do not have PR unless certain conditions are met)
Surname			
Forename			
Home Address			Have you obtained consent from the person to be a Contact? Yes / No
	Postcode		
Phone Numbers	Home	<input type="checkbox"/>	Please indicate which phone number you prefer to be used in the case of an emergency by ticking ONE box
	Work	<input type="checkbox"/>	
	Mobile	<input type="checkbox"/>	

ADDITIONAL EMERGENCY CONTACTS – please obtain each contact’s permission and list in priority order

ADDITIONAL CONTACT – do not use people already listed in previous sections

Full Name			State relationship to student:
Phone Numbers	Home	<input type="checkbox"/>	Consent to be Contact Obtained? Yes / No
	Mobile	<input type="checkbox"/>	

ADDITIONAL CONTACT – do not use people already listed in previous sections

Full Name			State relationship to student:
Phone Numbers	Home	<input type="checkbox"/>	Consent to be Contact Obtained? Yes / No
	Mobile	<input type="checkbox"/>	

ETHNICITY

<input type="checkbox"/> White – British	<input type="checkbox"/> Black – African	<input type="checkbox"/> Chinese	<input type="checkbox"/> White and Black African
<input type="checkbox"/> White – Irish	<input type="checkbox"/> Black – Caribbean	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> Traveller of Irish heritage	<input type="checkbox"/> Any other Black background	<input type="checkbox"/> Indian	<input type="checkbox"/> White and Asian
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Any other mixed background
<input type="checkbox"/> Any other White background	<input type="checkbox"/> Any other ethnic group	Please tick only ONE BOX	

CULTURAL INFORMATION

First Language Acquired as an Infant	
Language(s) Spoken at Home Now	
Religion	

TRANSPORT TO SCHOOL

<input type="checkbox"/> Dedicated School Bus/Coach No:	<input type="checkbox"/> Car	<input type="checkbox"/> Cycle	Normal method of travelling TO School Please tick ONLY ONE BOX
<input type="checkbox"/> Public Service Bus No:	<input type="checkbox"/> Car Share	<input type="checkbox"/> Walk	
<input type="checkbox"/> Bus (type not known)	<input type="checkbox"/> Taxi		

TRANSPORT FROM SCHOOL

<input type="checkbox"/> Dedicated School Bus/Coach No:	<input type="checkbox"/> Car	<input type="checkbox"/> Cycle	Normal method of travelling FROM School Please tick ONLY ONE BOX
<input type="checkbox"/> Public Service Bus No:	<input type="checkbox"/> Car Share	<input type="checkbox"/> Walk	
<input type="checkbox"/> Bus (type not known)	<input type="checkbox"/> Taxi		

EDUCATIONAL HISTORY – please do not put Poole Grammar as Current School		From (MM/YY)	To (MM/YY)
Current School		/	To date
Previous School		/	/
Previous School		/	/

MEDICAL DETAILS – spare <u>named</u> medication (e.g. inhaler) & copy of any care plan to be supplied to school	
Surgery Name & Address	
	Postcode
Surgery Phone Number	
<u>Please List All Medical Conditions</u> For example (this list is not exhaustive): Anaphylaxis, Asthma, Diabetes, Epilepsy, Haemophilia, Heart Condition, Migraines, Visual or Hearing Impairment, Eczema, Metabolic or Digestive Disorder, Allergy (please state what type)	
Care or Action Plan Enclosed	Yes / No
<u>Additional Medical Notes</u> For example: Does your child take any medication? (eg inhaler, antihistamine, etc) Does your child require any emergency procedures? (eg EpiPen)	
Named Medication will be supplied	Yes (to be brought to school on first day of attendance) / No

DIETARY RESTRICTIONS and/or ALLERGY INFORMATION – please tick any that apply			
<input type="checkbox"/> No dairy produce	<input type="checkbox"/> No seafood	<input type="checkbox"/> Halal foods only	Please state any others:
<input type="checkbox"/> No eggs	<input type="checkbox"/> Gluten intolerance	<input type="checkbox"/> Kosher foods only	
<input type="checkbox"/> No nuts	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Observes Ramadan	

FREE SCHOOL MEALS
<input type="checkbox"/> My child currently receives free school meals
<input type="checkbox"/> My child no longer receives free school meals but has received them during the past 6 years at some point

SEN REGISTER – if your child is on the SEN register at their current school, please tick the level:
<input type="checkbox"/> SEN Support <input type="checkbox"/> Education Health & Care Plan (EHCP)

SEN INFORMATION
Please state the nature of your child's additional need(s) and enclose a copy of any relevant documentation

Please turn over

