Burton Salmon Primary School

Child Record Form 2020/21

Please complete the information below. These details will only be used in relation to the Children Act 1989 and 2002.

Child's Details: Please bring the child's birth certificate or adoption order to school for copying. This proves the child's								
entitlement to ed Full Name	ucation.	Date of Birth						
Address		Home Telephone	e					
		number						
Post code								
Home email		Previous School						
Davient/Femily.C	anto et Dataila	Nursery if applic	able					
Parent/Family Contact Details Priority One Contact (Please remember to update the office with any changes, especially mobile numbers)								
Full Name	l 	Relationship	inges, espec	ially mobile numbers)				
ruii Naiile		Relationship						
Address		Home						
		telephone						
Post code								
Work		Mobile						
Telephone		Telephone						
Email Address		Receive texts						
		& newsletters?						
Signed	esponsibility for the child named above	e.	Date					
Priority Two Cor	atact		Date					
Full Name		Relationship						
T dii Name		Relationship						
Address		Home						
		telephone						
Work		Mobile						
Telephone		Telephone						
Email Address		Receive texts						
		& newsletters?						
•	esponsibility for the child named above	e.	Data					
Signed Date Priority Three Contact								
Full Name		Relationship						
		Relationship						
Address								
Telephone numl	bers: 1 st	2 nd	3rd					
	Details & Contacts		Jiu					
Doctor Name	Details & Contacts	Surgery Name	l					
Surgery		Surgery						
Address		Telephone						
Post Code		number						
Do we have your	YES / NO	Details of any						
permission to	Signed	existing medical						
contact your child's doctor in		conditions that your child has?						
an emergency?	Date	your crina rias:						
Details of any		Permission is	First Aid	Yes/No				
known		given to	Non	Yes/No				
allergies		administrator	Alcoholic					
		first aid?	Wipes					
			Plasters	Yes/No				

In the event of an accident or injury requiring hospital treatment the school will make every effort to contact me,									
should this prove impossible, I consent to any emergency treatment necessary.									
Signed: Date:									
Other Information									
Are you in receipt of any of the following? (please tick)									
Income Support			Income-based						
Income-related Employment and Support			Support under Asylum Act 19						
Allowance A run-on of Working Tax Credit - paid for 4			Child Tax Cred						
weeks after you stop qualifying for Working Tax			entitled to Wo						
Credit			annual gross in						
			£16,190)						
the guarantee element of Pension Credit			Universal Credit, (provided you have an annual net earned income of no more than						
			£7,400)						
Is your child eligible for Service Child Pupil Premium funding? (please tick criteria below)									
Either parent is serving in the regular armed One of the parents died whilst serving in the									
forces?			armed forces and the pupil receives a						
			pension?						
The child has been registered as a 'Service			Either parent is on full commitment as part of						
child' in a school census since 2011?			the full time reserve service?						
Has your child been made the subject of an adoption order, placement order or freeing order? Yes / No									
Has your child any of the following orders decided by the courts? (please tick)									
Residence orders			Emergency pro						
Contact order			Care order or i						
Specific issue order			Supervision or						
Prohibited steps order			Education supe						
Child protection order									
Photographs									
-	e consent for my child to be phot								
				e local press as a <u>class group pho</u>	to.				
-	e consent for my child's name to		•		1.				
I give/do not give consent for my child to be photographed to appear on the school website & school media. I give/do not give consent for my child's photo to be used on the school Facebook page (no names will be used).									
	e consent for my child's photo to	be use		racebook page (no names will be	e usea).				
Signed: Ethnicity			Date:						
· ·	describes how we think of ourselve	s itisn	of the same as n	ationality of country of birth (please	tick)				
White	British	,	Mixed/dual	White & Black Caribbean					
	Irish		Background	White & Black African					
	Traveller of Irish Heritage		Ü	White & Asian					
	Gypsy/Roma			Any other mixed background					
	Any other white background			,					
Asian or Asian	Indian		Black or	Caribbean					
British	Pakistani		black British	African					
	Bangladeshi			Any other black background					
	Any other Asian Background								
Chinese	Chinese		Any other	Any other ethnic background					
I do not wish an ethnic background to be recorded									
Siblings									
Child's name			Child's date of birth						
Child's name			Child's date of birth						