

Burton Salmon Primary School

Child Record Form 23/24

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 education.											
	ent to e	ducation.	D								
Full Name			Date of Birth								
Address			Home Telephone								
Post code			number								
Home email			Previous School or	-							
rionie eman			Nursery, if applica								
Parent/Family Contact Details											
Priority 1 Contact (Please remember to update the office with any changes, especially mobile numbers)											
Full Name		se remember to aparte the one	Relationship	es, especian	y mosne namsersy						
			•								
Address			Home telephone								
Post code			Occupation								
Work			Mobile								
Telephone			Telephone								
Email Address			Receive texts &								
			newsletters?								
•	sponsibi	lity for the child named above.									
Signed: Date:											
Priority 2 Conta	ct										
Full Name			Relationship								
Address			Home telephone								
			Occupation								
Work			Mobile								
Telephone			Telephone								
Email Address			Receive texts &								
			newsletters?								
•	sponsibi	lity for the child named above.	Data								
Signed: Priority 3 Conta	-4		Date	•							
•	Ct		Dalatia a abia	Π							
Full Name			Relationship								
Address											
Telephone numbe	ers:	Home:									
	Dataila	Mobile:									
Child's Medical	Details	and Contacts									
NHS number	I	1	Curaoni Nomo								
Doctor Name Surgery Address			Surgery Name								
Post Code			Surgery Telephone								
Post Code			number								
Do we have	VEC / N	NO.	Details of any								
your permission	YES / NO Signed:		existing medical								
	Jigileu		conditions that								
to contact your child's doctor in	Date:		your child has?								
	Date.		your clinu flas!								
an emergency?			Permission is	First Aid	Voc/No						
Details of any known allergies				Non-	Yes/No Yes/No						
_			given to administrator	Alcoholic	1 C3/ NU						
(include pet allergies)			first aid?	Wipes							
allergies)			mot alu!	Plasters	Yes/No						
				1 1031613	103/140						
											

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:										
Juice.										
Other Information										
Are you in receipt	of any of the following? (please tick)	1								
Income Support	8 (/	Income-based J							
meome support			moome basea's	os seekers / mo wanee						
Income-related Employment and Support Allowance			Support under I	Support under Part 6 of the Immigration and						
			Asylum Act 199							
A run-on of Working Tax Credit - paid for 4 weeks			Child Tax Credit (provided you are not also entitled							
after you stop qualifying for Working Tax Credit			to Working Tax Credit and have an annual gross							
			income of no more than £16,190)							
the guarantee element of Pension Credit			Universal Credit, (provided you have an annual net							
			earned income							
	le for Service Child Pupil Premium fu	nding?		,						
Either parent is serving in the regular armed forces?			One of the pare							
			armed forces ar							
	n registered as a 'Service child' in a		•	on full commitment as part of the						
school census sind			full-time reserve							
	en made the subject of an adoption o			or freeing order? Yes / No						
·	of the following orders decided by t	he cou								
Residence orders			Emergency prot							
Contact order			Care order or interim care order							
Specific issue order			Supervision ord							
Prohibited steps of	order		Education supe							
Child protection order										
Permissions										
Laivo/do not aivo	consent for my child to be photogra	ahad fa	r uso in the local	proce						
_										
I give/do not give consent for my child to be photographed for use in the local press as a <u>class group photo.</u> I give/do not give consent for my child's name to be used in the local press.										
I give/do not give consent for my child to be photographed to appear on the school website and school media.										
	consent for my child's photo to be u									
0 ,	consent for my child to interact and			,						
Signed:	consent for my child to interact and		Date:	c. ap, aog.						
Ethnicity										
~	nd describes how we think of our	selves	· it is not the sai	me as nationality of country of bir	th					
White	British	Jerves	Mixed/dual	White and Black Caribbean						
vvince	Irish		Background	White and Black African						
	Traveller of Irish Heritage		Buckground	White and Asian						
	Gypsy/Roma			Any other mixed background						
	Any other white background			Any other mixed background						
Asian or Asian	Indian		Black or black	Caribbean						
British			British							
וואווום	Pakistani		וואוום	African						
	Bangladeshi			Any other black background						
China	Any other Asian Background		م ما م	Ann ath an atherist has I						
Chinese Chinese I do not wish an ethnic background to be recorded			Any other	Any other ethnic background						
	thinc background to be recorded									
Siblings										

Child's date of birth

Child's date of birth

Child's name

Child's name