

## **Burton Salmon Primary School**

## Child Record Form 21/22

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

<b>Child's Details:</b> Please bring the child's birth certificate or adoption order to school for copying. This proves the child's entitlement to education.											
	ent to ed	ducation.	T = • • •	I							
Full Name			Date of Birth								
Address			Home Telephone number								
Post code											
Home email			Previous School or								
			Nursery, if applica	ble							
Parent/Family Contact Details											
Priority 1 Contact (Please remember to update the office with any changes, especially mobile numbers)											
Full Name			Relationship								
Address			Home telephone								
Post code			Occupation								
Work			Mobile								
Telephone			Telephone								
Email Address			Receive texts &								
1 hava navantal na			newsletters?								
I have parental responsibility for the child named above.  Signed: Date:											
Signed: Priority 2 Conta	ct		Date	:•							
Full Name	LL		Dolotionship	I							
			Relationship								
Address			Home telephone								
			Occupation								
Work			Mobile								
Telephone			Telephone								
Email Address			Receive texts & newsletters?								
•	sponsibil	lity for the child named above.		l .							
Signed:			Date	:							
Priority 3 Conta	ct		1	1							
Full Name			Relationship								
Address											
Telephone numbe	ers:	Home:									
Child's Medical	Dotoile	Mobile:									
NHS number	Details	and Contacts									
Doctor Name			Surgery Name	1							
Surgery Address			Surgery Name Surgery								
Post Code			Telephone								
1 031 Code			number								
Do we have	YES / N	IO	Details of any								
your permission	Signed		existing medical								
to contact your	2.6		conditions that								
child's doctor in	Date:		your child has?								
an emergency?											
Details of any			Permission is	First Aid	Yes/No						
known allergies			given to	Non-	Yes/No						
(include pet			administrator	Alcoholic	-						
allergies)			first aid?	Wipes							
				Plasters	Yes/No						

	accident or injury requiring hospital I consent to any emergency treatme			ill make every effort to contact me, sl	nould this					
Signed.			Date.							
Other Information										
A										
	of any of the following? (please tick)		1	T						
Income Support			Income-based J							
Income-related Employment and Support Allowance			Support under F 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							
arter you stop qualifying for Working rax orear			income of no m							
the guarantee element of Pension Credit			Universal Credit, (provided you have an annual net							
			earned income							
Is your child eligible for Service Child Pupil Premium funding? (please tick criteria below)										
Either parent is serving in the regular armed forces?			One of the parents died whilst serving in the							
			armed forces ar							
The child has been	n registered as a 'Service child' in a		Either parent is	Either parent is on full commitment as part of the						
school census since 2011?			full-time reserve service?							
	en made the subject of an adoption o			or freeing order? Yes / No						
•	of the following orders decided by t	he cou	rts? (please tick)							
Residence orders			Emergency prot							
Contact order			Care order or in							
Specific issue order			Supervision ord							
Prohibited steps o			Education super							
Child protection order										
Permissions										
I give/do not give	consent for my child to be photograp	ohed fo	r use in the local	press.						
	consent for my child to be photograp			press as a <u>class group photo.</u>						
	consent for my child's name to be us									
I give/do not give	consent for my child to be photograp	ohed to	appear on the so	chool website and school media.						
0 ,	consent for my child's photo to be u			,						
	consent for my child to interact and			erapy dog.						
Signed:			Date:							
Ethnicity										
		selves;		me as nationality of country of bir	th					
White	British		Mixed/dual	White and Black Caribbean						
	Irish		Background	White and Black African						
	Traveller of Irish Heritage			White and Asian						
	Gypsy/Roma			Any other mixed background						
	Any other white background									
Asian or Asian British	Indian		Black or black	Caribbean						
	Pakistani		British	African						
	Bangladeshi			Any other black background						
	Any other Asian Background									
Chinese Chinese			Any other	Any other ethnic background						
	thnic background to be recorded									
Siblings										

Child's date of birth

Child's date of birth

Child's name

Child's name