



EMERGENCY CONTACT DETAILS

Please list up to three contacts, in priority order, which the school can use if your child is unwell or involved in a medical emergency.

It is your responsibility to inform your emergency contacts that you are sharing their information.

EMERGENCY CONTACT 1 – Relationship to Pupil (e.g. Mother/Father/Grandparent/Aunt/Uncle/Friend/Childminder):				
Title		Forename		Surname
Home Address (including postcode)				
Home Telephone No.		Mobile No.		
Work Telephone No.		Place of Work		
EMERGENCY CONTACT 2 – Relationship to Pupil (e.g. Mother/Father/Grandparent/Aunt/Uncle/Friend/Childminder):				
Title		Forename		Surname
Home Address (including postcode)				
Home Telephone No.		Mobile No.		
Work Telephone No.		Place of Work		
EMERGENCY CONTACT 3 – Relationship to Pupil (e.g. Mother/Father/Grandparent/Aunt/Uncle/Friend/Childminder):				
Title		Forename		Surname
Home Address (including postcode)				
Home Telephone No.		Mobile No.		
Work Telephone No.		Place of Work		

Thank you for completing this form. Please give it to your son or daughter to hand to their teacher as soon as possible. Confidential information that you do not wish to include on this form may be passed on to the School Office.

I acknowledge that the information on this form is correct and it will be held on the School Information Management System (SIMS).

Signed Parent/Guardian Date



Dear Parent/Carer

In order to ensure that we comply with the EU General Data Protection Regulation (GDPR) we are required to check that all the information we hold is correct. As part of our annual checks, we would be grateful if you would take the time to complete this form and sign the last page. Our Privacy Notice is available on the school website www.westgarthprimaryschool.co.uk

INFORMATION ABOUT THE PUPIL

Legal Surname			
Preferred Surname (if different from above)			
Legal Forename			
Preferred Forename			
Middle Name(s)			
Date of Birth			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Year Group			
Home Address (including postcode)			
Meal Arrangements	School Meal <input type="checkbox"/>	Packed Lunch <input type="checkbox"/>	
Ethnicity (see attached sheet for ethnicity options)			
Home Language		First Language	
Religion			
Usual mode of transport to school			
Parent is a serving member of the Armed Forces	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Previous School (if relevant)			
Has your child ever been adopted, fostered, had a special guardianship order or been in care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes please give details)



INFORMATION ABOUT PARENTS

In order to comply with new legislation we are required to make every effort to find out the name, address and telephone number of both the parents who appear on the birth certificate, whether or not they are providing a home for the child or have contact with them. Non-resident parents have the right to receive regular reports about their child’s progress unless there is a court order preventing this information from being supplied or the parent has waived their rights.

MOTHER/FATHER (delete as necessary)					
Title		Forename		Surname	
Home Address (including postcode)					
Home Telephone No:		Mobile No:			
Work Telephone No:		Place of Work:			
Email address:					
Please indicate whether your information can be disclosed to other named parent				Yes	No
MOTHER/FATHER (delete as necessary)					
Title		Forename		Surname	
Home Address (including postcode)					
Home Telephone No:		Mobile No:			
Work Telephone No:		Place of Work:			
Email address:					
Please indicate whether your information can be disclosed to other named parent				Yes	No

OTHER ADULT WITH PARENTAL RESPONSIBILITY (e.g. Step Parent, Special Guardianship, Foster Parent)				
Please specify relationship to pupil:				
Title		Forename		Surname
Home Address (including postcode)				
Home Telephone No:		Mobile No:		
Work Telephone No:		Place of Work:		
Email address:				



FAMILY LINKS

Sibling(s) also attending Westgarth Primary School during the Academic Year 2018/19			
Forename	Surname	Year Group	Relationship

MEDICAL INFORMATION

Medical Condition(s)			
Name of GP		GP Tel. No.	
Address of GP			

PHOTOGRAPH/VIDEO PERMISSION

I agree to Westgarth taking photos of my child for:

- Use in the classroom as part of the school curriculum, for presentations, celebrations etc. which may be displayed around school
- For the use of anonymous images on websites/Twitter/DVDs/media publications

You can withdraw or change your consent preferences at any time by contacting the school office in writing or email westgarthoffice@westgarth.rac.sch.uk

SCHOOL VISITS

I give permission for my child to participate in local Educational Visits, within walking distance, which take place during the school day and grant full authority to the party leader to act ‘in loco parentis’ in respect of my child during the visit. I understand that the words ‘in loco parentis’ mean that the party leader shall have the same authority in respect of my child regarding discipline and welfare as I myself at present enjoy