

BUSHEY HEATH PRIMARY SCHOOL

Child's Surname:		Legal Surname: <small>(if different)</small>	
Forename:		Middle name:	
Chosen name:		Gender:	Male / Female
Date of Birth:		Class:	
Address:			
Postcode:			
Start date:			
Previous School/Setting:			

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

Place them in the order that you wish for them to be contacted in an emergency.

	Name & Relationship	Home Address	Phone/Email
1			Home: Mobile Work: Email:
2			Home: Mobile Work: Email:
3			Home: Mobile Work: Email:

Siblings, with ages (or significant family members)

Mode of Travel: Tick the appropriate choice. Where a pupil uses more than one mode of travel for each journey to school, the longest element of the journey <i>by distance</i> should be recorded. PLEASE TICK ONE BOX ONLY												
<input type="checkbox"/>	Walk	<input type="checkbox"/>	Cycle	<input type="checkbox"/>	Car or Van	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Train	<input type="checkbox"/>	Car Share (with a child/children from a different household)	
<input type="checkbox"/>	Dedicated School Bus		<input type="checkbox"/>	Public Service Bus		<input type="checkbox"/>	Bus (type not known)		<input type="checkbox"/>	Boarder – N\A	<input type="checkbox"/>	Other

Meal Arrangement: Please tick the appropriate choice												
<input type="checkbox"/>	Free School Meal		<input type="checkbox"/>	Paid School Meal		<input type="checkbox"/>	Packed Lunch		<input type="checkbox"/>	Home	<input type="checkbox"/>	Other
Dietary Needs:		Please advise of any food allergies or religious food restrictions										
Medical Practice:												
Address:												
Telephone:												

First Language:		Religion:	
Home Language:			
Ethnicity:			
Nationality:			
Country of Birth:			
Service Child in Education:	Yes / No?		

Health Record (Please provide Hospital letters where possible)
Is your child normally healthy?
Has your child had any operations?
Has your child any medical conditions that might affect school life?
Does your child have any problems with sight, hearing or speech?
Does your child have any allergies? If yes, please specify and indicate treatment required.
Is your child having any continuous medical treatment?
Please advise if there are any other medical conditions we should be aware of

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfES.

I am aware of the behaviour policy and will ensure my child is aware of the standards of behaviour that the school expects.

I give permission for my child's image to be taken and used in publicity material for the school, including printed and electronic publications, video and webcam recordings and on websites (e.g. school newsletter and school website)	Please tick
I give permission for images of my child to be used by the new media in printed and/or electronic form and stored in their archives. This might include images sent to the news media by the school and images/footage the media may take themselves if invited to the school to cover an event (e.g. newspapers and television programmes)	
I do not want my child's image used in any publicity	
Parent's / Guardian's Signature	Date:

I give permission for my child to go on any future local school trips that the school has organised	Please tick
I give permission for my child to go on any future trips that involve coach travel	
I give permission for my child to participate in food tasting projects at the school	
My child is allergic to	
I give permission for my child to see the school nurse	
Parent's / Guardian's Signature	Date:

For Office Use Only

Application received:	Date:	Time:

Ethnic Background Record Form



Pupil's Name		Class/Form	
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Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history.

Ethnic background is not the same as nationality or country of birth.

The D/ES recommends that those with parental responsibility decide the ethnic background for primary pupils. The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents, or those with parental responsibility, are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child named above. Please also tick whether the form was filled in by a parent or the pupil.

(a) White

- British
- Irish
- Traveller from Irish heritage
- Gypsy/Roma
- Any other White background
- Italian
- Turkish

(b) Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

(c) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

(d) Black or Black British

- Caribbean
- African
- Any other Black background

(e) Chinese

(f) Any Other Ethnic Group

I do not wish an ethnic background to be recorded

This information was provided by: Parent <input type="checkbox"/> Pupil <input type="checkbox"/>

(Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Authority and the Department for Education and Skills (D/ES) to contribute to local and national statistics. The information will also be passed on to future schools to save it having to be asked for again).

First Language

A first language other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.

In the case of an older pupil who is no longer exposed to the first language in the home, and who now uses only another language, the pupil or parent can determine which language should be recorded.

Tick one Box only

- | | | |
|---|--|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Do not wish First Language to be recorded (Refused) | <input type="checkbox"/> British Sign Language |
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> Hindi | <input type="checkbox"/> Sign Language (Other) |
| <input type="checkbox"/> Akan/Twi-Fante | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Portuguese (Brazil) |
| <input type="checkbox"/> Albanian/Shqip | <input type="checkbox"/> Igbo | <input type="checkbox"/> Portuguese (Any other) |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Icelandic | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian (Sicilian) | <input type="checkbox"/> Romany / English Romanes |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Italian (Any other) | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Bengali (Sylheti) | <input type="checkbox"/> Japanese | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> Bengali (Any other) | <input type="checkbox"/> Kannada | <input type="checkbox"/> Shona |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Kashmiri | <input type="checkbox"/> Sindhi |
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Katchi | <input type="checkbox"/> Sinhala |
| <input type="checkbox"/> Caribbean Creole English | <input type="checkbox"/> Kikuyu/Gikuyu | <input type="checkbox"/> Slovak |
| <input type="checkbox"/> Caribbean Creole French | <input type="checkbox"/> Kinyarwanda | <input type="checkbox"/> Slovenian |
| <input type="checkbox"/> Chaga | <input type="checkbox"/> Kirundi | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Chinese (Cantonese) | <input type="checkbox"/> Konkani | <input type="checkbox"/> Sotho / Sesotho |
| <input type="checkbox"/> Chinese (Hakka) | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese (Mandarin/Putonghua) | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Sundanese |
| <input type="checkbox"/> Chinese (Any other) | <input type="checkbox"/> Latvian | <input type="checkbox"/> Swahili / Kiswahili |
| <input type="checkbox"/> Chichewa/Nyanja | <input type="checkbox"/> Lingala | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Luo(Kenya/Tanzania) | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Marathi | <input type="checkbox"/> Telugu |
| <input type="checkbox"/> Dutch/Flemish | <input type="checkbox"/> Malayalam | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Estonian | <input type="checkbox"/> Malay/Indonesian | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Ndebele | <input type="checkbox"/> Traveller Irish / Shelta |
| <input type="checkbox"/> Finnish | <input type="checkbox"/> Nepali | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> French | <input type="checkbox"/> Pahsto/Pakhto | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Gaelic/Irish | <input type="checkbox"/> Pahari(Pakistan) | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> German | <input type="checkbox"/> Panjabi (Gurmukhi) | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Greek (Cyprus) | <input type="checkbox"/> Panjabi (Mirpuri) | <input type="checkbox"/> Welsh/Cymraeg |
| <input type="checkbox"/> Greek (Any other) | <input type="checkbox"/> Panjabi (Any other) | <input type="checkbox"/> Wolof |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> Dari Persian | <input type="checkbox"/> Xhosa |
| <input type="checkbox"/> Hausa | <input type="checkbox"/> Persian/Farsi (Any other) | <input type="checkbox"/> Yoruba |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Polish | <input type="checkbox"/> Zulu |

Other Language:.....

Please complete if language is not included in the list above

Pupil Name:.....Class/Form.....

This information was provided by: Parent Pupil

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