

CONFIDENTIAL PUPIL DETAILS (THIS MUST BE COMPLETED IN FULL)

PUPIL DETAILS

Legal Forename:		Preferred First Name:	
Middles Names:		Gender:	
Legal Surname:		Preferred Surname:	
Date of Birth:		Previous School:	
Home Address:			
Name(s) of brothers/sisters who currently attend Philips High:			
Start Date at Philips High:	Year:	Form:	

PARENTAL DETAILS / EMERGENCY CONTACTS
(This would be the first person we would contact in an emergency)
WE MUST BE GIVEN AT LEAST TWO CONTACTS

Name of 1st contact:	Mr/Mrs/Miss/Ms		
Home Address:			
Relationship to pupil		Lives with pupil <input type="checkbox"/>	Parental Responsibility <input type="checkbox"/>
Mobile Tel No:		Work No:	
Home Tel No:		Email	
Name of 2nd contact:	Mr/Mrs/Miss/Ms		
Home Address:			
Relationship to pupil		Lives with pupil <input type="checkbox"/>	Parental Responsibility <input type="checkbox"/>
Mobile Tel No:		Work No:	
Home Tel No:		Email:	
Name of 3rd contact:	Mr/Mrs/Miss/Ms		
Home Address:			
Relationship to pupil		Lives with pupil <input type="checkbox"/>	Parental Responsibility <input type="checkbox"/>
Mobile Tel No:		Work No:	
Home Tel No:		Email:	

MEDICAL INFORMATION

Doctor's Name:	
Practice Name:	
Address:	
Tel. No.	
Medical notes: Please detail any medical condition, i.e. asthma which you feel we should be aware of:	

Does your child wear prescription glasses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please contact school confidentially if your child is 'adopted from care', under a 'special guardianship order' or 'child arrangement order' as extra funding is available for school.

We are requested by the DfES to obtain the following information. It will be kept in school, in confidence. Any details sent to the Department will be overall statistics only, and no individual details will be released. We appreciate your co-operation in filling in this section of the form.

Please indicate by a tick which of the following best describes your child's ethnic origin:

WBRI	White British	<input type="checkbox"/>	ABAN	Bangladeshi	<input type="checkbox"/>
WIRI	White Irish	<input type="checkbox"/>	AOTH	Any other Asian background	<input type="checkbox"/>
WOTH	Any other background	<input type="checkbox"/>	BCRB	Black Caribbean	<input type="checkbox"/>
MWBC	White and Black Caribbean	<input type="checkbox"/>	BAFR	Black African	<input type="checkbox"/>
MWBA	White and Black African	<input type="checkbox"/>	BOTH	Any other Black background	<input type="checkbox"/>
MWAS	White and Asian	<input type="checkbox"/>	CHNE	Chinese	<input type="checkbox"/>
MOTH	Any other mixed background	<input type="checkbox"/>	OOTH	Any other ethnic group	<input type="checkbox"/>
AIND	Indian	<input type="checkbox"/>	WIRT	Traveller of Irish Heritage	<input type="checkbox"/>
APKN	Pakistani	<input type="checkbox"/>	WROM	Gypsy/Roma	<input type="checkbox"/>
REF	Parent/pupil preferred not to say	<input type="checkbox"/>			

Please state the language normally used at home:

English <input type="checkbox"/>	If not English, please state:
English as an additional language (EAL):	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please indicate, by a tick, your religious belief:

Christian <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Greek Orthodox <input type="checkbox"/>	Sikh <input type="checkbox"/>
Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>	Jehovah's Witness <input type="checkbox"/>	Other <input type="checkbox"/>
Mormon <input type="checkbox"/>	Muslim <input type="checkbox"/>	No religion <input type="checkbox"/>	

Please state if Service Child in Education (eg Parent in Armed Forces)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Parental Consent

Home/School Agreement I accept the Home/School Agreement (must be accepted to attend Philips)	Yes / No
Pupil Acceptable Use Agreement I accept the Pupil Acceptable Use Agreement (Pupil cannot have access to the internet if 'no') I agree to the use of Digital/Video Images	Yes / No Yes / No
Parental Consent For Outdoor Education Activities Within The Schools Locality and To Play In School Teams I give consent for the Outdoor Activities including Year 10 & 11 making their own way home from sports fixtures I give permission for my child to play in school teams	Yes / No Yes / No
Biometric Cashless System I give consent for my child to participate in the scheme	Yes / No
Place2Talk I give permission for my child to go to Place2Talk should they feel the need to.	Yes / No
Realistic Choices I give permission for my child to arrange a careers guidance interview when in Y10/Y11	Yes / No
Free School Meals I believe my child may be eligible for Free School Meals	Yes / No

Signature of Parent/Carer Date

Signature of Pupil Date

Please return this sheet to school marked 'For the attention of Mrs Hart'.
If you change your mind to any of the above at any time, then please contact us.