

CONFIDENTIAL PUPIL DETAILS

PUPIL DETAILS

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

PARENTAL DETAILS / EMERGENCY CONTACTS

(This would be the first person we would contact in an emergency)

PLEASE GIVE AT LEAST TWO CONTACTS

Name of 1st contact:	Mr/Mrs/Miss/Ms	Forename:		Surname:	
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:			
Communication:	I wish to receive texts, emails and letters from school regarding my child <input type="checkbox"/>				
Name of 2nd contact:	Mr/Mrs/Miss/Ms	Forename:		Surname:	
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:			
Communication:	I wish to receive texts, emails and letters from school regarding my child <input type="checkbox"/>				
Name of 3rd contact:	Mr/Mrs/Miss/Ms	Forename:		Surname:	
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 / DIETARY REQUIREMENTS

Doctor's Name:	
Practice Name:	
Address:	
Tel. No.	
Medical Notes: Please detail any medical conditions which you feel we should be aware of:	
Allergies:	No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes please state):
Dietary Requirements:	Halal <input type="checkbox"/> Pescatarian <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Other:
Does your child wear prescription glasses?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 DfE 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"/>	OOOTH	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"/>
--	--

Parental Consent

Home/School Agreement I accept the Home/School Agreement	Y / N
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	Y / N Y / N
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	Y / N Y / N
Biometric Cashless System I give consent for my child to participate in the scheme	Y / N
Realistic Choices I give permission for my child to arrange a careers guidance interview when in Y10/Y11	Y / N
Free School Meals I believe my child may be eligible for Free School Meals	Y / N

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.