



St Thomas More Catholic Primary School

Pupil Data Checking Sheet

The school and the Local Education Authority are required under **Data Protection** legislation to comply with essential good practice in respect of the information collected here and to manage it securely. The individuals who are the subject of the information or who have parental/guardian responsibility are generally entitled to see the information and are encouraged to help keep the information up to date. This information will be used for educational, welfare, planning or managerial purposes. For full details please ask the school for a copy of their Privacy Notice.

Child's Details							
Year:		Class:		Date of birth:		Gender:	
Legal Surname of child:				Preferred Surname :			
Legal Forename of child:				Preferred Forename:			
Middle name:							
Parent/Guardian Contact Details							
Priority	Name / Relationship	Home Address / Phone / Email			Work Address Phone / Email		
1	Parental Responsibility <input type="checkbox"/> Court Order <input type="checkbox"/>	Tel: Mobile: Email:			Tel: Email:		
2	Parental Responsibility <input type="checkbox"/> Court Order <input type="checkbox"/>	Tel: Mobile: Email:			Tel: Email:		

Please enter additional Parents/Contacts below if not displayed above

Priority	Name / Relationship	Home Address / Phone / Email			Work Address Phone / Email		
	Parental Responsibility <input type="checkbox"/> Court Order <input type="checkbox"/>						

Emergency Contact Details

Please list below all parents and contacts, and use the first column (priority number) to show in which order people should be contacted in the case of an emergency. These are very important to us. If your child becomes ill during the day we need to be able to contact you, or someone acting for you who are able to collect your child. Please give at least two contact numbers.

Priority	Name	Relationship	Address	Phone No.
1				1. 2.
2				1. 2.
3				1. 2.

Medical Details

Doctor's Name:		Surgery Tel No:		Dietary Needs:	
Surgery Name:					

Medical Condition of Child:

Does your child have an Education Health Care Plan issues by the Local Authority?

Yes No

Position of child in family (Please circle)

Name and Address of Previous School (if applicable)

1 2 3 4 5

Other children in the family:

Name:		DOB:		School:	
Name:		DOB:		School:	
Name:		DOB:		School:	

Ethnic Origin of Child

Ethnically based statistics (To be completed on behalf of all children)

The collection of ethnically based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in Northamptonshire schools.

Please see Page 4 for a list of ethnicities and religions.

Ethnic Origin:	
Country of Birth:	
Date of Arrival in the UK: <i>(if not UK born)</i>	
Nationality:	
Religion:	
Refugee Status:	

Student's use of language: *(including English)*

First language is English Yes No

If not English, please specify the language:

Please tick here if you prefer not to say

First language is defined as the language the child was exposed to during early development and continues to be exposed to in the home.

Please give as much detail as possible, including dialects e.g. Bengali (Sylheti), Chinese (Cantonese).

Dietary and health issues:

Dietary restrictions:

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Child Disability / Problems with..

Please see Page 4 for list of relevant disabilities.

Disability:

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Pupil's Usual Mode of Transport to School

Mode of travel:	
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Signature: _____

Date: _____

Name:
(in block capitals) _____

Title: _____

Additional Information

Ethnicity

Please select your child's ethnicity:

White	Asian or Asian British
British	Indian
Irish	Pakistani
Irish Traveler	Bangladeshi
Gypsy/Roma	Any other Asian background
Any other white background	
	Mixed /Dual background
Black or Black British	White/Black Caribbean
Caribbean	White/Black African
Somalia	White/Asian
Other Black African	Any other Mixed background
Any other Black background	
	Other Backgrounds
	Vietnamese
	Chinese
	Other Ethnic Group

Religion of Child

Please advise us of your Childs/Family Religion:

Anglican	No Religion
Baptist	Other
Christian	Roman Catholic
Hindu	Sikh
Jewish	Unclassified
Methodist	United Reform Church
Muslim	

Disability

Please select your child's disability:

Problems with ASD/Aspergers	Problems with Hand function
Problems with Behavior	Problems with Hearing
Problems with Communication	Problems with Incontinence
Problems with Consciousness	Problems with Palliative Care
Problems with Eating & Drinking	Problems with Personal care
Problems with Learning	Problems with Vision
Problems with Medication	Other Disability
Problems with Mobility	No Disability

Additional Information on Language and Previous Schooling**Previous Schooling: (including breaks in education, pre-school and UK education)**

Country	Date started	Ages (from-to)	Languages used	Assessment Information if available	Any repeated years?

Support for learning

Favourite subjects in school:	
Interests and hobbies:	
Extended leave: (reasons, time, when)	
Support needed for the child's English language acquisition:	

Prior experience which may affect learning:	
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Communication (tick box)

School letters written in English can be translated		The parent or carer can bring an interpreter	
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