

**RICHMOND HILL PRIMARY ACADEMY**

**PUPIL DATA INFORMATION 2020-2021**

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| **Child’s Legal Surname:** | **Child’s Legal Forename** | **Child’s Middle Name(s)** |
| **Child’s Date of Birth:** | **Male/Female:** | **Year Group:**  |
| **Child’s Address (including post code):** |

**CONTACT DETAILS**

**BOTH PARENTS WITH PARENTAL RESPONSIBILITY MUST BE INCLUDED – FULL names - please include middle names**

**Please ensure these are kept up to date in case we have to contact you in an emergency**

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| **FULL NAME OF FIRST PARENT/CARER: (forename/s & surname)**  | **Date of Birth:** | **Mr/Mrs/Miss/Ms** | **Relationship to Child:** |
| **Mobile Telephone Number:** | **Home Telephone Number:** |
| **Work Telephone Number:** | **Email:** |
| **Address (including post code):** |
| **FULL NAME OF SECOND PARENT/CARER:** **(forename/s & surname)**  | **Date of Birth:** | **Mr/Mrs/Miss/Ms** | **Relationship to Child:** |
| **Mobile Telephone Number:** | **Home Telephone Number:** |
| **Work Telephone Number:** | **Email:** |
| **Address (including post code):** |
| **FULL NAME OF THIRD CONTACT:**  | **Mr/Mrs/Miss/Ms** | **Relationship to Child:** |
| **Mobile Telephone Number:** | **Home Telephone Number:** |
| **Work Telephone Number:** | **Email:** |
| **Address (including post code):**  |
| **FULL NAME OF FOURTH CONTACT:** | **Mr/Mrs/Miss/Ms** | **Relationship to Child:** |
| **Mobile Telephone Number:** | **Home Telephone Number:** |
| **Work Telephone Number:** | **Email:** |
| **Address (including post code):**  |

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**Richmond Hill Primary Academy Pupil Data Information 2020-2021**

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| **Medical Information**Does your child have any condition/s requiring medical treatment? E.g. asthma; epilepsy; heart condition; hayfever; sight/hearing/speech problems; travel sickness; eczema etc. Please give details:Does your child have any allergies/intolerances? (include allergies to any particular medicines/plasters). Please give details:Will your child require prescribed medication in school for daily/occasional use? E.g. inhaler/antihistamine (give details if applicable). Please note it is parents’ responsibility to ensure medicines are kept up to date. Any other medical information you feel is relevant. Please give details: |

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| **Family Doctor:** (Please give details of practice name/address/telephone number) |
| **Mode of Travel:** What is your child’s **main** mode of travel to/from school (choose one only)Walk Car/Van Public Transport Taxi Car Share Other |
| **Child’s dietary requirements:** (Please state - Vegetarian/Halal/Gluten Free etc.) | **Is either parent a member of H.M Forces:** YES/NO |
| **Has your child previously attended another school?** (Please state name.If your child is under 5 please state nursery/childminder)  | **Does your child have any siblings/relatives at this school?** (Please give details of names if applicable) |

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| **Ethnicity based statistics on pupils**We are required by the DFE to collect ethnicity based statistics on pupils. The data is used to plan educational spending and to monitor achievement. The categories below are those agreed by the DFE. Please circle **one** in each of the 3 lists. |
| **Ethnic Origin** **-** White British - White Irish - Any other White Background- Indian - Bangladeshi - Pakistani - Any other Asian Background- Black African - Black Caribbean - Any other Black Background- White British Caribbean - White and Black African - White and Asian - Any other mixed background - Chinese  - Gypsy Roma - Traveller of Irish Heritage - Other ethnic origin – please detail: | **Religion** - Christian - Hindu - Jewish - Muslim - Roman Catholic - Sikh  - None - Other religion please detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **First Language/Home Language**-English -Bengali -Cantonese -Greek -Gujerati -Hindi -Italian -Punjabi -Portuguese -Polish -Spanish -Turkish -Urdu -Other First Language please detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -Unclassified* **Is English your child’s SECOND language**? YES □ NO □
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| **Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |