

William Cassidi C of E Aided Primary School
Registration and Data collection sheet
Please complete the details below for your child and return to the school office.

Pupil's Surname:		Pupil's Legal Surname: if different	
Pupil's Forename:		Pupil's Middle name:	
Pupil's Chosen name:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	Date:	Month:	Year:
		Registration Group: if known	
Pupil's Home Address:			
Post Code:			
Telephone number at home address (including area code)			
Email:			
Previous School / Nursery			

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 them to be contacted in an emergency.

Priority	Name/Relationship to pupil	Home Address/Phone/Mobile/Fax	Work Address Phone/Email
1		Tel: Mobile:	Tel: Email:
2		Tel: Mobile:	Tel: Email:
3		Tel: Mobile:	Tel: Email:
4		Tel: Mobile:	Tel: Email:
5		Tel: Mobile:	Tel: Email:
6		Tel: Mobile:	Tel: Email:

Service Children in Education	Is anyone with parental responsibility for the pupil serving with Her Majesty's Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you registered disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of Disability:	

Pupil's Travel Arrangements

How do you usually travel to school?

<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Car/Van	<input type="checkbox"/> Walk	<input type="checkbox"/> Taxi	<input type="checkbox"/> School Bus	<input type="checkbox"/> Car Share
<input type="checkbox"/> London Underground		<input type="checkbox"/> Public Bus Service		<input type="checkbox"/> Metro/Train/Light Rail		<input type="checkbox"/> Other

Pupil's Dietary Needs?**Meal Arrangement**

Free School Meal	Paid School Meal	Sandwiches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Practice:

Name of Doctor:

Address:

Telephone Number:

Pupil's Medical Condition(s):**Pupil's Medical Note(s):****Pupil's Ethnicity :**Please study the list below and indicate in one box only the ethnic background of the pupil named above. Please also tick whether the form was filled in by a parent or the pupil.

White:	Asian or Asian British:	Black or Black British:
British <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>	Indian <input type="checkbox"/>	African <input type="checkbox"/>
Traveler of Irish Heritage <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any other Black background <input type="checkbox"/>
Gypsy/Roma <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>	
Any other White background <input type="checkbox"/>		
Mixed:	Chinese:	
White and Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	
White and Black African <input type="checkbox"/>		
White and Asian <input type="checkbox"/>		
Any other mixed background <input type="checkbox"/>		

I do not wish an ethnic background to be recorded ☐Any other ethnic background – please enter ethnic background: ☐Home Language: ☐**Religion:**Data provided by Parent: ☐Data provided by Pupil: ☐**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 DCSF.

Signature

Date:

Ethnic Background Record Form

William Cassidi CE Primary School

Pupil's name : _____

Class : _____

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.

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

White

- ◆ British
- ◆ Irish
- ◆ Traveller of Irish Heritage
- ◆ Gypsy/Roma
- ◆ Any other White background

Mixed

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

Asian or Asian British

- ◆ Indian
- ◆ Pakistani
- ◆ Any other Asian background

Black or Black British

- ◆ Caribbean
- ◆ African
- ◆ Any other Black background

Chinese

Any other ethnic background

I do not wish an ethnic background to be recorded

Tick one
box only

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(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 Education Authority and the Department for Education and Skills (DfES) 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.)

**This information
was provided by:**

Parent

☐

Pupil

☐

Please return the form to the school within three weeks