

BOOTHFERRY PRIMARY SCHOOL Newport Street, Goole, East Yorkshire, DN14 8LN

PUPIL DATA SHEET AND CONTACT INFORMATION

First Names:			Last Name:			
Home address:			Date of birth:			
			Gender:	Male/Female		
			Nationality:			
Home telephone number:			Language (if English is not the first language):			
Ethnic origin:						
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 for them to be contacted. PARENT OR CARER'S DETAILS						
Title:	First Name:		Last Name:			
Address, if different from above:			Parental Responsibility: Yes / No			
			Priority: 1 st / 2 nd / 3 rd			
			Relationship: Mother/Father/Step-parent/Other			
Home telephone number:		Mobile telephone n	umber:	Work telephone number:		
E-mail address:						
Title:	First Name:		Last Name:			
Address, if different from above:			Parental Responsibility: Yes / No			
			Priority: 1 st / 2 nd / 3 rd			
			Relationship: Mother/Father/Step-parent/Other			
Home telephone number: Mobile telephone n		umber:	Work telephone number:			
E-mail address:				1		

Title:	First Name:		Last Name:							
Address, if different from above:			Parental Responsibility: Yes / No							
			Priority: 1 st / 2 nd / 3 rd							
			Relationship: Mother/Father/Step-parent/Other							
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Home telephone number: Mobile teleph		Mobile telephone n	e number: Work telephone number:							
E-mail address:			Parental Disability: Yes / No							
MEDICAL INFORM	IATION. Does your chil	d have any medical pr	oblems or allergies th	at the school should be a	ware of?					
DIETARY NEEDS.										
EMERGENCY CON	ISENT: I give consent fo	r the school to act <i>in I</i>	oco parentis if I am ui	nable to be contacted.	Yes / No)				
Doctor:			Surgery address:							
Telephone numbe	er:									
			1							
PREVIOUS SCHOOL Between dates:	OLS ATTENDED:		&							
	formation: You do not h	nave to provide the inf		pelow, however it will hel	lp us provide	,				
•		•	•	d in confidence and only i						
your child's educa	ntion.			·						
Education Healtho	care Plan		Child in Foster Care							
Forces Child			Adopted from Care							
Sibling with Additional Needs			Young Carer							
Health Support			Religious Observances							
Child in Receipt of Free School Meals			English as an Additional Language							
Private Fostering Arrangement			Other (please state)							
DATA PROTECTION]:	L	<u> </u>							
This information wi and safeguarding yo correct contact det they attend and the retention schedule including asking to	ill be used to provide yo our child. The informati ails. The school also has e Department for Educa . You will have a numbe	on provided will also s an obligation to shar ation (DFE). Any inforn er of rights in respect of ining if you are unhap	help us to maintain age information with the nation provided will be of the data the school by about how they us	lic task); this includes mo ccurate records and ensure Local Authority, OFSTEI se stored in line with the sholds regarding you and e the data. To find our morprimary.co.uk.	re we have t D, any new s school's exis your child,	he school ting				
Signature:			Print Name							
Data			Polationship to Child							