

**HOLLINGWORTH PRIMARY SCHOOL.**  
**FAMILY DATA, CONTACT AND EMERGENCY INFORMATION 2017-2018**

Please print in **BLOCK CAPITALS**

Class: .....

Name of child: ..... Date of Birth: .....

Home Address:.....

..... Post Code: .....

Home Telephone Number: ..... Email address: .....

**Name of Parent/Carer:**

Mr/Mrs/Ms First Name ..... Surname: .....

*The 1988 Education Act requires us to have a record of the addresses of both parents and in the case of separated or divorced parents, this includes the partner who is not the legal guardian. This **must** be recorded here with any other information regarding access which may be relevant to the school.*

Address: .....

**EMERGENCY CONTACT: - details of two relatives or neighbours who will take charge of your child in the parent's/ carer's absence. Please make sure they are aware of your use of their number.**

**First Contact:**

Mr/Mrs/Ms First Name ..... Surname: .....

Relation to pupil: ..... Telephone Number : .....  
(eg. Grandmother, Grandfather, Aunt, Uncle, Neighbour)

Address:  
.....

**Second Contact:**

Mr/Mrs/Ms First Name ..... Surname: .....

Relation to pupil: ..... Telephone Number: .....  
(eg. Grandmother, Grandfather, Aunt, Uncle, Neighbour)

Address:  
.....

Name of your family doctor ..... Telephone: .....

In the event of the school not being able to contact you, do we have your permission to take your child to hospital?

YES  NO

**Local trips:**

**During the school year, we organize class trips, which means the children have to be taken out of school. For this to happen, the school has to have written permission from the parent/carers. For longer trips, school will send out full details of the trip.**

**For shorter trips, such as local walks, often planned at shorter notice, we ask that parents/ carers sign at the point below to give your child permission be taken out of school. This will help avoid children being omitted from these trips, because permission slips have not been signed and returned.**

Signed: ..... (Parent/ Carer) Dated: .....

**IN THE CASE OF INHALERS ONLY:**

Please tick as necessary:

I give permission for my child to administer his/her own inhaler under supervision.

I do not give permission and wish my child to keep his/her inhaler in their classroom .

**IT IS REALLY IMPORTANT THAT THERE IS A SPARE INHALER KEPT IN SCHOOL IN CASE OF EMERGENCY**

**ANY OTHER INFORMATION RELATING TO YOUR CHILD’S MEDICAL CONDITION:**

.....  
.....

Signed: ..... Parent/Carer      Date: .....

**PLEASE READ THE FOLLOWING CAREFULLY AND COMPLETE :**

Government regulations require us to collect some specific information about your child and his/her home background. In order to do this, could you please complete the following in this final section?

Please tick the box, which is appropriate to the ethnic background of your child.

- |                            |                          |                         |                          |   |                          |
|----------------------------|--------------------------|-------------------------|--------------------------|---|--------------------------|
| White British:             | <input type="checkbox"/> | Other mixed background: | <input type="checkbox"/> | Caribbean:  | <input type="checkbox"/> |
| Irish:                     | <input type="checkbox"/> | Indian:                 | <input type="checkbox"/> | African:  | <input type="checkbox"/> |
| White European:            | <input type="checkbox"/> | Pakistani:              | <input type="checkbox"/> | Other Black background:                               | <input type="checkbox"/> |
| Other white background:    | <input type="checkbox"/> | Bangladeshi:            | <input type="checkbox"/> | Other ethnic background:                              | <input type="checkbox"/> |
| White and Black Caribbean: | <input type="checkbox"/> | Other Asian background: | <input type="checkbox"/> | White and Asian:                                      | <input type="checkbox"/> |
| White and Black African:   | <input type="checkbox"/> | Chinese:                | <input type="checkbox"/> | I do not wish for an ethnic background to be recorded | <input type="checkbox"/> |

My child’s first language is: .....

Please specify if you and your child have a religion: .....

**Photographs and video filming:**

- From time to time during the year, school may wish to take video clips or still photographs of educational activities involving the children, for use on displays, on children’s records or simply to record the work of the school. Rather than send out separate letters, **we ask that parents/carers consider signing below giving permission for teachers to do this.**
- We also occasionally invite local newspapers in to take photographs of the children following charitable, sporting, or other significant events in the life of the school. **Please consider also signing for this to happen.**
- Third, we may also take photographs of children engaged in group activities that we later transfer to the school website and/or the school Facebook page. There will be no children’s names linked to these photographs. **Please consider also signing for this to happen.**

**Without the signatures your child will NOT be included in any of these things.**

**\*Internal photos/videos..... Newspapers.....**

**\*School website/school Facebook..... (Parent/Carer) Dated: .....**

**(\* Please sign in these three places)**