HOLLINGWORTH PRIMARY SCHOOL. FAMILY DATA, CONTACT AND EMERGENCY INFORMATION 2019-2020

Please print in <u>BLOCK CAPITALS</u>	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 includes the partner who is not the legal guardian. This must be record relevant to the school.	ded here with any other information regarding access which may be
Address:	
EMERGENCY CONTACT: - details of two relatives or neigl parent's/ carer's absence. Please make sure they are aw	— · · · · · · · · · · · · · · · · · · ·
First Contact: Mr/Mrs/Ms First Name	Surname:
Relation to pupil: (eg. Grandmother, Grandfather, Aunt, Uncle, Neighbour)	Telephone Number :
Address:	
Second Contact: Mr/Mrs/Ms First Name	Surname:
Relation to pupil: (eg. Grandmother, Grandfather, Aunt, Uncle, Neighbour)	Telephone Number:
Address:	
Name of your family doctor	Telephone:
In the event of the school not being able to contact you, or to hospital?	·
YES NO	
During the school year, we organize class trips, which me this to happen, the school has to have written permissio send out full details of the trip.	n from the parent/carer. <u>For longer trips, school will</u>
For shorter trips, such as local walks, often planned at sh point below to give your child permission be taken out of from these trips, because permission slips have not been	f school. This will help avoid children being omitted
Signed: (Pa	rent/ Carer) Dated:PTO

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								
Signed:	•••••		Parent/C	arer	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:		Other mixed backgr	round:		Caribbean:			
Irish:		Indian:			African:			
White European:		Pakistani:			Other Black background:			
Other white background:		Bangladeshi:			Other ethnic background			
White and Black Caribbean:		Other Asian backgr	round:		White and Asian:			
White and Black African:		Chinese:			I do not wish for an ethnic background to be recorded			
My child's first language is:								
Please specify if you and your child have a religion:								
Photographs and video filming	<u>ı:</u>							
• 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 <u>NOT</u> be included in any of these things.								
*Internal photos/videos Newspapers								
*School website/school Facebook (Parent/Carer) Dated:								
(* Please sign in these three places)								