

## Student & Family Information Form

Dear Parent / Guardian,

In order for us to help you and your child better would you please complete this questionnaire, as fully as possible, for our records. I assure you that all information held is covered by the Data Protection Act and that you may access the information upon demand. It is also held in strict confidence where appropriate.

Thank you for your kind co-operation.

Pupil Information
Pupil's First Name

Pupil's Surname

#### **KAREN DWYER-BURCHILL - HEADTEACHER**

Other Name(s)	
Date of Birth	
Gender	
Full Address	
Pupil's Ethnicity	
Pupil's Religion	
Pupil's Home Language	
Name of previous school(s)	
Local Authority in which pupil lives (e.g. Barnet, Brent, Enfield, Haringey, Islington)	
Parent/Guardian Informat	tion – 1 <sup>st</sup> Contact
Parent/Guardian Informat Parent/Guardian First Name	tion – 1 <sup>st</sup> Contact
	tion – 1 <sup>st</sup> Contact
Parent/Guardian First Name	tion – 1 <sup>st</sup> Contact
Parent/Guardian First Name Parent/Guardian Surname	tion – 1 <sup>st</sup> Contact
Parent/Guardian First Name  Parent/Guardian Surname  Mr / Mrs / Ms	tion — 1 <sup>st</sup> Contact
Parent/Guardian First Name  Parent/Guardian Surname  Mr / Mrs / Ms  Full Home Address	tion – 1 <sup>st</sup> Contact
Parent/Guardian First Name  Parent/Guardian Surname  Mr / Mrs / Ms  Full Home Address  Mobile Number	tion — 1 <sup>st</sup> Contact
Parent/Guardian First Name  Parent/Guardian Surname  Mr / Mrs / Ms  Full Home Address  Mobile Number  Home Telephone Number	tion — 1 <sup>st</sup> Contact
Parent/Guardian First Name  Parent/Guardian Surname  Mr / Mrs / Ms  Full Home Address  Mobile Number  Home Telephone Number  Work Telephone Number(s)	tion – 1 <sup>st</sup> Contact

Parent/Guardian Informa	tion — 2ººº Contac	II and the second secon		
Parent/Guardian First Name				
Parent/Guardian Surname				
Mr / Mrs / Ms				
Full Home Address				
Mobile Number				
Home Telephone Number				
Work Telephone Number(s)				
Email address				
Relationship to pupil				
Medical Information				
Doctor's Name				
Doctor's address				
Doctor's Telephone Number				
If the pupil suffers from medical conditions, please give details (e.g. asthma, diabetes, epilepsy, etc)				
Allergies				
Details of prescribed medication				
Dunil's Dietom, Boguiromo	mto.			
Pupil's Dietary Requireme Allergies / Intolerances	iits			
Religious Requirements (e.g. Halal)				
The pupil will eat the lunch provide	d by the school	YES / NO		
A packed lunch will be provided by	the parent/guardian	YES / NO		
Pupil will Travel to/from School by				
Parent/Guardian Car		YES / NO		
Local Authority Transport		YES / NO		
Public Transport		YES / NO		

Date form completed:



# **Consent Form**

Name of Student:		
Trips and Education Visits  At Edith Kay School we recognise the value of social learning opportunit excursions out of School. All education trips and visits will be undertake assessment and will be appropriately staffed. No students are permitte unaccompanied unless specific permission has been granted by parents Even where permission has been granted, the Headteacher retains the permission to leave if deemed unsafe.	en following rig d to leave the or carers befo	gorous risk school rehand.
Please read the following carefully and tick the boxes that apply:		
I give my permission for my child to participate in trips within the local community, for example to the library, leisure centre or local shops	YES	NO
I give my permission for my child to participate in excursions that are further afield, for example day trips to places of education interest, for example museums and theatres	YES	NO
Photographs We emphasise that no pictures of our students should be placed on soc school. However, on occasion, we record students' progress photograp to share this with you.		
Please read the following carefully and tick the boxes that apply:		
Pictures of my child may be sent to me electronically	YES	NO
Pictures of my child may be used on the school's website	YES	NO
Pictures of my child may be used I promotional materials such as the school brochure/social media	YES	NO
Pictures of my child in a group may be shared with parents who children appear in that group.	YES	NO

#### **Sharing Information with Professionals**

We have a statutory duty for the care of our students. So as to effectively meet their needs, it is sometimes necessary to share information with other professionals involved in their care; for example, those involved in their Annual Review such as Educational Psychologists, Health Care Professionals and Social Workers. This is not an exhaustive list.

Every student has unique needs, and a range of different professional services are involved, please read the following carefully and tick the boxes that apply:

I give my permission for information about my child's needs and progress to be shared with appropriate professionals and services

YES NO

I would particularly like information to be sought from and share with the following professional services:

### **Relationships and Sex Education and Health Education**

From September 2021, it has become obligatory for all secondary schools to teach Relationships and Sex Education and Health Education to all students. This covers topics such as puberty, safer relationships and respect for self and others.

#### Consent for staff at Edith Kay School to give medication to your child

There may occasions when your child needs to be given medication. The school requires your written consent to be able to give medication to your child.

<u>Note</u>: Prescribed medication must be provided by the child's family along with written instructions of how and when your child should be given it.

I give my consent for staff at Edith Kay School to give my child paracetamol when required (e.g. for a headache)	Yes	No
I give my consent for staff at Edith Kay School to give my child prescribed medication, which I will provide to the school if necessary	Yes	No

Name of Parent:	
Signed:	
Date:	