

## **Confidential Information Form**

Please complete <u>all sections</u> of this form in **BLOCK CAPITALS** and return it to the school office.

It is essential for schools to have an accurate record of a child's circumstances so that those people with parental responsibility for a child may be informed of their child's progress and welfare and contacted speedily in the event of an emergency.

Please see the end of this document for our General Data Protection Regulation (GDPR) statement.

# Section 1: Information about your child

Legal Forename		
Middle Name		
Legal Surname		
Preferred Surname		
Preferred Forename		
Date of Birth	Gender	Male / Female (Please delete as appropriate.)

#### Section 2: Home address and contact details

Number	
Street	
Town	
County	
Postcode	

#### Section 3: Parent / Carer information

Parental responsibility is defined by the Children Act (1989) as "all the rights, duties, powers, responsibilities and authority which by law a parent has in relation to the child and his or her property". Parental responsibility can be shared between a number of people and it is **essential that schools know who has parental responsibility** for each child.

Married parents automatically have parental responsibility for their child. Both parents retain parental responsibility if they divorce. If parents are unmarried, the child's **mother** alone has parental responsibility. The father may acquire parental responsibility by obtaining a court order or by entering into a formal written agreement with the mother. **People who adopt children** and **guardians appointed by the court** also have parental responsibility. Other people (e.g. step parents or relatives) may acquire parental responsibility by obtaining a **court order**.

# Please provide details of all people with parental responsibility for the child, listing contacts in order of priority.

Contact 1 - Will be contacted <u>first</u> in an emergency.

<u> </u>	<u> </u>
Title	
Forename	
Surname	
Gender	
Relationship to the child	
Home Number	
Mobile Number	
Work Number	
Email Address	
Contact 2 – Will be contacted s	second in an emergency.
Title	
Forename	
Surname	
Gender	
Relationship to the child	
Home Number	
Mobile Number	
Work Number	
Email Address	
Contact 3 – Will be contacted to	<u>hird</u> in an emergency.
Title	
Forename	
Surname	
Gender	
Relationship to the child	
Home Number	
Mobile Number	
Work Number	
Email Address	

Title	
Forename	
Surname	
Gender	
Relationship to the child	
Home Number	
Mobile Number	
Work Number	
Email Address	

Additional family members – Please list the siblings and other children in your family.

Surname	Forename	Year	School	Male / Female

# Section 4: Ethnicity / Cultural

First Language	
Home Language	
Country of Birth	
Asylum Status	Asylum Seeker / Refugee / N/A (Please delete as appropriate.)
Religion	

Please tick ( $\checkmark$ ) the one box below that	nt best describes your child's ethnic origin.
White English	Turkish / Turkish Cypriot
White Scottish	Arab
White Welsh	Afghan
Other White British	Iranian
White Irish	Iraqi
Gypsy / Roma	Kurdish
Albanian	Lebanese
Bosnian-Herzegovinian	Any other Asian background
Croatian	Black Caribbean
Kosovan	Black Nigerian
Serbian	Black Ghanaian
Any other White Background	Black Somali
Indian	Other Black African
Pakistani	Any other Black background
Bangladeshi	Mixed / Dual – White and Black Caribbean
Sri Lankan Sinhalese	Mixed / Dual – White and Asian
Sri Lankan Tamil	Any other mixed background
Sri Lankan Other	Any other ethnic group – please specify:
Chinese	
Filipino	I do not want ethnic origin to be recorded.

# **Section 5: Medical and Dietary Needs**

Please provide us with any information regarding your child's health or welfare that would enable us to help them.

Medical Practice	
Address	
Phone Number	

Medical Conditions – Please tick √			
Epilepsy		Arthritis	
Diabetes		Multiple Sclerosis	
Asthma		Tuberculosis	
Eczema		Any other:	

Has your child ever had any paramedical support? – Please tick √					
Occupational Therapy		Physiotherapy		Speech Therapy	

Dietary Needs − Please tick √			
None	No dairy produce		
Artificial colouring allergy	No nuts of any type		
Gluten Free	No pork		
Halal	Seafood Allergy		
Kosher Foods only	Vegetarian		

#### Section 6: Additional information

newsletter.

Section 6. Additional in			
School Travel - how w	ill you and your child tra	vel to school? – Please tid	ck√
Bus		Public Transport	
Car		Taxi	
Cycle		Walk	
School History – pleas	e list the school's that y	our child has previously a	ttended.
School	Date of entry	Date of Leaving	Reason for Leaving
		•	
Ocation 7 Demoission			
Section 7: Permission			
	propriate regulations and		organised with great care and for your child to go on such
I give permission for my o	child to take part in educati	ional day trips organised by	the school.
		or.co.uk or publishing the so	
		ng part in activities. If you are newsletter, please tick the	re happy for photographs of box below.

If at any point you wish to withdraw your consent for the publication of photographs on the school website or in the newsletter please contact the school office.

I give permission for photographs of my child to be published on the school website or in the

# **Section 9: Declaration**I hereby confirm that all information supplied on this form is correct, to the best of my knowledge and understanding.

Signed:	Date:

### **General Data Protection Regulation (GDPR)**

Victoria Junior School complies with its obligations under [the GDPR] by keeping personal data up to date; by storing and destroying it securely; by not collecting or retaining excessive amounts of data; by protecting personal data from loss, misuse, unauthorised access and disclosure and by ensuring that appropriate technical measures are in place to protect personal data.

If you wish to obtain copies of any school documents or policies relating to your child please contact the school office. All documents will be provided free of charge.