

Friesland School – Data Collection

Student Details:				
School Year:	Form:	Gender (M/F):	Date of Birth: Day	Month Year
Legal Surname:	Forename:		Country of Birth:	
Preferred Surname:	Preferred Forename:		Nationality:	
Middle Name(s):			Student's Home Address:	
Who shares this address with pupil:				
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: <input type="text"/>				
If any brothers or sisters at Friesland School, please give their name(s) and current form:				Postcode:

Reason for Completion:				
New Admission <input type="checkbox"/> Contact Change <input type="checkbox"/> Address Change <input type="checkbox"/> Other: <input type="text"/>				

Contacts (in priority order): Please include ALL with parental responsibility as well as other emergency contacts				
NB: Emergency contacts should only be those willing and able to collect your child at any time				
<i>Friesland School uses SchoolComms to contact parents/carers by text message and email</i>				
*Please indicate if those with parental responsibility both require correspondence from school.				
	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3	Emergency Contact 4
Mr/Mrs/Miss/Other				
Forename:				
Surname:				
Relationship to child:				
Parental responsibility	Yes* / No	Yes* / No	Yes* / No	Yes* / No
*Permission given to receive copies of all correspondence	Yes / No	Yes / No	Yes / No	Yes / No
Home Telephone No:				
Home Address:				
Postcode:				
Daytime Telephone No:				
Daytime Location:				
Mobile No:				
Email:				

Previous School:	
------------------	--

<b>Medical:</b>	
Medical Practice:	Telephone:
Practice Address:	
Do you consider your child to have a disability? <i>If "yes" please give details below</i>	Yes / No
Medical Conditions: <i>Please give any information you wish the School to record e.g. allergies or medication</i>	

<b>Welfare:</b>	
Is your child in care / fostered / adopted? <i>If "yes" please give details below</i>	Yes / No
Does anyone who has parental responsibility currently work within the Armed Forces (or have done within the last 4 years)? <i>If "yes" please give details below</i>	Yes / No <i>Leaving date (if applicable):</i>

<b>Ethnic Origin: Please tick one</b>			
<b>WHITE</b>		<b>ASIAN or ASIAN BRITISH</b>	
British	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Any other Asian Background	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>		
<b>BLACK or BLACK BRITISH</b>			
African	<input type="checkbox"/>		
Caribbean	<input type="checkbox"/>		
Any other Black background	<input type="checkbox"/>		
		<b>MIXED</b>	
		White & Black Caribbean	<input type="checkbox"/>
		White & Black African	<input type="checkbox"/>
		White & Asian	<input type="checkbox"/>
		Any other Mixed background	<input type="checkbox"/>
		Chinese	<input type="checkbox"/>
		Any other Ethnic background	<input type="checkbox"/>
		I do not wish to state an Ethnic background	<input type="checkbox"/>

<b>Languages Spoken at Home:</b>	
English <input type="checkbox"/>	Bengali <input type="checkbox"/>
Gujarati <input type="checkbox"/>	Hindi <input type="checkbox"/>
Punjabi <input type="checkbox"/>	Chinese <input type="checkbox"/>
Other <input type="text"/>	
Is English an Additional Language:	Yes / No
First Language: <input type="text"/>	

<b>Religion: Please tick one</b>	
None <input type="checkbox"/>	Christian <input type="checkbox"/>
Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>
Sikh <input type="checkbox"/>	Jewish <input type="checkbox"/>
Buddhist <input type="checkbox"/>	refused <input type="checkbox"/>
Other <input type="text"/>	

<b>Dinner Arrangements: Please tick one</b>	
School Dinner <input type="checkbox"/>	Free Dinner <input type="checkbox"/>
Sandwiches <input type="checkbox"/>	Other <input type="text"/>

<b>Travel Arrangements: Please tick main one</b>	
Bus <input type="checkbox"/>	Car Share <input type="checkbox"/>
Car/Van <input type="checkbox"/>	Cycle <input type="checkbox"/>
Dedicated School Bus <input type="checkbox"/>	Taxi <input type="checkbox"/>
Walk <input type="checkbox"/>	Other <input type="text"/>

<b>Hobbies or Interests: Please indicate any special abilities, hobbies or interests</b>	
<input type="text"/>	

<b>For record purposes, please would ALL Parents/Carers SIGN and PRINT their names below:</b>	
<b>Father:</b>	Name: <input type="text"/>
<b>Mother:</b>	Name: <input type="text"/>
<b>Carer:</b>	Name: <input type="text"/>
	Date: <input type="text"/>

Please ensure that the school is notified if any of the above information needs updating.  
Please return completed forms to the Main School Reception.