



Personal Information Record

Please complete the form in full, enclose a copy of the birth certificate or passport, and return via email to dothill@taw.org.uk

Details of child:

| | | | | | | | | | | | | |
|--|---|--|--|--|-------------------------------|--|--|--|--|--|--|--|
| Last name | | | | | | | | | | | | |
| First name | | | | | Middle name(s) | | | | | | | |
| Preferred first name to be used in school | | | | | | | | | | | | |
| Date of birth (please enclose a copy of the birth certificate or passport) | | | | | Sex | | | | | | | |
| Family email address for school letters etc | | | | | | | | | | | | |
| Address | | | | | | | | | | | | |
| Postcode | | | | | | | | | | | | |
| First language spoken at home | | | | | Can your child speak English? | | | | | | | |
| Ethnic origin (please see attached) | | | | | Religion | | | | | | | |
| Are you/your partner in HM Forces (Services) | Mother: Yes/No P-Stat Cat: | | | | Father: Yes/No P-Stat Cat: | | | | | | | |
| Child in care/adopted from care | Please indicate if your child is/was in care: Current CIC: Yes/No Adopted from care*: Yes/No <i>*Including special guardianship order or a residence order</i> | | | | | | | | | | | |
| Previous school/pre-school | Name | | | | Telephone number | | | | | | | |
| | | | | | | | | | | | | |
| Family Doctor | Name and practice | | | | Telephone number | | | | | | | |
| | | | | | | | | | | | | |
| Particular needs e.g. diet, allergies, inhalers, medicines | | | | | | | | | | | | |
| Medical history e.g. contagious infections, hospital treatment | | | | | | | | | | | | |
| Any known hearing/vision problems e.g hearing loss, grommets, spectacles | | | | | | | | | | | | |
| Any contact with support agencies e.g health visitor, social services, CAMHS, speech therapist | | | | | | | | | | | | |

Older/younger siblings:

| | | | |
|------|--|---------------|--|
| Name | | Date of Birth | |
| Name | | Date of Birth | |
| Name | | Date of Birth | |
| Name | | Date of Birth | |
| Name | | Date of Birth | |

Details of parents/carers/alternative contacts in case of emergency (must be an adult 18+):

| | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|--|--|--|--|
| Title/Status | Mr / Mrs / Miss / Ms – please circle or add other title: | | | | | | | | | | |
| Full Name | | | | | | | | | | | |
| Relationship to child | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| Postcode | | | | | | | | | | | |
| Home Phone Number | | | | | | | | | | | |
| Mobile Phone Number | | | | | | | | | | | |
| Email address | | | | | | | | | | | |
| Place of work | | | | | | | | | | | |
| Work phone number | | | | | | | | | | | |
| Does this person have parental responsibility | | | | Does the child normally live with this person | | | | | | | |
| Contact priority e.g first/second etc | | | | Can this person be used as an emergency contact and can collect the child from school | | | | | | | |

| | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|--|--|--|--|
| Title/Status | Mr / Mrs / Miss / Ms – please circle or add other title: | | | | | | | | | | |
| Full Name | | | | | | | | | | | |
| Relationship to child | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| Postcode | | | | | | | | | | | |
| Home Phone Number | | | | | | | | | | | |
| Mobile Phone Number | | | | | | | | | | | |
| Email address | | | | | | | | | | | |
| Place of work | | | | | | | | | | | |
| Work phone number | | | | | | | | | | | |
| Does this person have parental responsibility | | | | Does the child normally live with this person | | | | | | | |
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|---|--|--|--|---|--|--|--|--|--|--|--|
| Title/Status | Mr / Mrs / Miss / Ms – please circle or add other title: | | | | | | | | | | |
| Full Name | | | | | | | | | | | |
| Relationship to child | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| Postcode | | | | | | | | | | | |
| Home Phone Number | | | | | | | | | | | |
| Mobile Phone Number | | | | | | | | | | | |
| Email address | | | | | | | | | | | |
| Place of work | | | | | | | | | | | |
| Work phone number | | | | | | | | | | | |
| Does this person have parental responsibility | | | | Does the child normally live with this person | | | | | | | |
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|---|--|--|--|---|--|--|--|--|--|--|--|
| Title/Status | Mr / Mrs / Miss / Ms – please circle or add other title: | | | | | | | | | | |
| Full Name | | | | | | | | | | | |
| Relationship to child | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| Postcode | | | | | | | | | | | |
| Home Phone Number | | | | | | | | | | | |
| Mobile Phone Number | | | | | | | | | | | |
| Email address | | | | | | | | | | | |
| Place of work | | | | | | | | | | | |
| Work phone number | | | | | | | | | | | |
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| Title/Status | Mr / Mrs / Miss / Ms – please circle or add other title: | | | | | | | | | | |
| Full Name | | | | | | | | | | | |
| Relationship to child | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| Postcode | | | | | | | | | | | |
| Home Phone Number | | | | | | | | | | | |
| Mobile Phone Number | | | | | | | | | | | |

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|---|--|--|---|--|--|--|--|--|--|--|--|
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| Place of work | | | | | | | | | | | |
| Work phone number | | | | | | | | | | | |
| Does this person have parental responsibility | | | Does the child normally live with this person | | | | | | | | |
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Ethnicity:

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. Please study the list below and tick **one box only** to indicate the ethnic background of the child named in this form. Thank you.

| White | Please Tick | Ethnic code |
|-----------------------------|-------------|-------------|
| British | | WBRI |
| Irish | | WIRI |
| Traveller of Irish Heritage | | WIRT |
| White European | | WEUR |
| Gypsy/Roma | | WROM |
| Any other white background | | WOTW |

| Black or Black British | | |
|----------------------------|--|-------------|
| Caribbean | | BCRB |
| African | | BAFR |
| Any other Black background | | BOTH |

| Chinese | | |
|---------|--|-------------|
| Chinese | | CHNE |

| Mixed | | |
|----------------------------|--|-------------|
| White and Black Caribbean | | MWBC |
| White and Black African | | MWBA |
| White and Asian | | MWAS |
| Any other mixed background | | MOTH |

| Any other ethnic background | | |
|-----------------------------|--|-------------|
| Japanese | | OJPN |
| Korean | | OKOR |

Do not wish an ethnic background category to be recorded

| | | |
|---------|--|-------------|
| Refused | | REFU |
|---------|--|-------------|

| Asian or Asian British | | |
|----------------------------|--|-------------|
| Indian | | AIND |
| Mirpuri Pakistani | | AMPK |
| Other Pakistani | | AOPK |
| Bangladeshi | | ABAN |
| Any other Asian background | | AOTH |
| | | |

Dothill Primary School

Parental Information

I hereby note that my child will:

1. Take part in normal school activities considered to be an integral part of the daily/weekly routine of the school organised to take place outside school premises, including walks in the local area, trips/visits, sporting activities.
2. Be registered for universal infant free school meals whilst they are in EYFS and KS1.
3. Take part in the Government's National Fruit Scheme for 4 – 6 year olds whereby each child is entitled to receive a free piece of fruit/vegetable each school day. This includes apples, pears, bananas, satsumas, tomatoes, strawberries, cucumbers, carrots etc. It is, therefore, essential that you inform us of any allergies your child may have.
4. Be provided with a carton of milk, at least twice per week.
5. Use the internet at school. We use a 'filtered' internet service provided by Telford and Wrekin Council which minimises the chance of pupils encountering undesirable material. We only allow children to use the internet when there is a responsible adult present.
6. Have access to homework sites used by school. For example Oxford Owl, Times Table Rock Stars, RWI, Microsoft Teams, etc. Log in details are provided to parents once the accounts have been set up.

I hereby consent to my child having their name and photo used around school, in videos, on websites and social media sites relating to our school, and in newsletters, so that we can celebrate different events they take part in. Children with some medical needs and/or some SEN needs will also have their name and photo used around school (**delete as necessary**). (If you wish to withdraw your consent, please write to the Head Teacher at Dothill Primary School, Severn Drive, Wellington, Telford, Shropshire, TF1 3JB.)

Please note the school also allows its parents/carers, grandparents and other close family members the privilege of being able to take photographs and/or videos of their children when involved in school performances and events. The privilege is given on the strict understanding that such photographs and/or video recordings are taken for the personal use only of the family as described. You are not permitted to share photos/videos on social media if they have been taken in school and include other people's children.

Child's Name:

Signed:(parent/carer)

Name: (parent/carer) Date:.....

Why we collect your data and how we will use it:

Dothill Primary School is collecting your/your child's personal data to enable the school to register your son/daughter as required by Education (Pupil Registration) (England) Regulations 2006.

Dothill Primary School will not share any of your/your child's personal data collected with external organisations unless required/permitted to do so by law. However, we will have to provide minimum amounts of personal information to Telford & Wrekin Council for registration purposes only. Your child's data may also be securely shared with system providers such as Bromcom, CMIS, Civica, Nationwide, O-Track, ParentPay, Tapestry, etc, solely for the purpose of providing your child's education. For further details on the School's privacy arrangements please view the privacy page and notice on our website www.dothillprimaryschool.co.uk

Dear Parent/Carer

At Let's Dine we are committed to ensure that we are meeting your child's needs with regard to Allergen information, to ensure we have the correct information for your child's lunch requirements could I please ask you to complete the below form identifying any allergies or special dietary requirements and return the slip to the school office ASAP.

Kind Regards

Lorna
Catering Group Manger (Let's Dine)

Childs Name: _____ Childs Class: _____

Please tick any allergens from the list below or state underneath any other allergens/intolerances or cultural requirements

| | | | | | | |
|--|--|--|--|---|--|--|
|  Celery <input type="checkbox"/> |  Cereals containing gluten <input type="checkbox"/> |  Crustaceans <input type="checkbox"/> |  Eggs <input type="checkbox"/> |  Fish <input type="checkbox"/> |  Lupin <input type="checkbox"/> |  Milk <input type="checkbox"/> |
|  Mollusc <input type="checkbox"/> |  Mustard <input type="checkbox"/> |  Nuts <input type="checkbox"/> |  Peanuts <input type="checkbox"/> |  Sesame seeds <input type="checkbox"/> |  Soya <input type="checkbox"/> |  Sulphur Dioxide <input type="checkbox"/> |

Vegetarian

Any other intolerances/allergies/Cultural requirements:

Parent/Carer Signature: _____