



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						
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Family Doctor	Name and practice				Telephone number						
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
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:										
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Address											
Postcode											
Home Phone Number											
Mobile Phone Number											
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Postcode											
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Mobile Phone Number											

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Place of work											
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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							

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

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

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

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

Chinese		
Chinese		CHNE

Any other ethnic background		
Japanese		OJPN
Korean		OKOR

Do not wish an ethnic background category to be recorded

Refused		REFU
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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

Loma
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: _____