



# Ark Burlington Danes Primary Academy

## Pupil Information Form

Please complete all sections in **BLOCK CAPITALS** using black ink  
Information on this form processed electronically is covered by the Data Protection Acts and will not be passed on to any organisation unconnected with the educational needs of the pupil

### Pupil Information

Surname:		Forename:	
Chosen Name:		Gender:	M   F
DOB:		Place of Birth:	
Home Address:			
Postcode:		Telephone No:	

### Cultural Information

Nationality:		Mother Tongue:	
Other languages spoken at home:			
Religion:		Ethnicity:	
Refugee/ Asylum Seeker:		Yes	No

### Medical Information

Doctors Name:			
Surgery Address:			
Postcode:		Telephone No:	
Special Dietary Requirement:		Yes	No
If yes please give details:			

### Parent/ Carer Information

Name of contact:		Name of contact:	
Relationship to pupil:		Relationship to pupil:	
Home Address:			
Telephone No:		Telephone No:	
Mobile No:		Mobile No:	
Email Address:			

### School Information

Please list any siblings already attending Burlington Danes Academy and the year group in which they are in:

How will you child travel to school:

### Previous Schooling

Name of nursery:

Dates attended from-to (mm/yy):

Address:

Postcode:

Telephone No:

### Free School Meals (FSM)

**We have software which enables us to carry out eligibility check for FSM**

Are you willing to take part?

Yes

No

**If yes please fill in below:**

*(All information is confidential and covered by the Data Protection Acts)*

Full Name:

DOB:

Gender:

Relationship to pupil:

National Insurance No:

Current Address:

Postcode:

Contact No:

### Permissions

During your child's schooling we may organise small outings in the local area, your child will be closely supervised during these events.

Do you give permission for your child to attend these?

Yes

No

**Please note that more formal consent will be required for longer or residential outings**

Signed:

Print Name:

Relationship to pupil:

Date:

### Declaration

I confirm that the information I have provided is accurate and complete to the best of my knowledge and I will provide the academy with any changes as soon as they occur

Signed:

Print Name:

Relationship to pupil:

Date:





# Ark Burlington Danes Primary Academy

## Pupil Medical Form

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### Pupil Information

Surname:  Forename:

### Family

Are there any home circumstances, or close family members with a medical condition, which may be relevant for our records? If so please give details below (continue on a separate sheet if necessary):

Special home circumstances:

Family member/ relationship to pupil:

Medical condition details/ treatment:

### Pupil Medical Information

Please indicate if your child suffers from any of the medical conditions listed below (please continue on a separate sheet if necessary):

Medical condition	Yes	No	Details/ Treatments
Asthma/ chest infections			
Diabetes			
Ear problems/ hearing difficulties			
Eye problems/ vision difficulties			
Eczema/ Psoriasis			
Epilepsy/ Fits/ Convulsions			
Sickle Cell/ Thalassaemia			
Joint pain			
Severe allergies			
Bed wetting/ soiling/ constipation			
Other			

Has your child had any of the following infectious diseases? (please tick)

Chickenpox/ Shingles		Tuberculosis (TB)	
German Measles (Rubella)		Whooping cough (Pertussis)	
Measles		Hepatitis A	
Mumps		Hepatitis B	
Scarlet Fever			

Immunisation History			
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Please tick as applicable:	Yes	No	Date
Polio			
Whooping cough			
Diphtheria			
Tetanus			
Haemophilus influenza b (Hib) vaccine			
Meningococcal C vaccine			
BCG			
Yellow Fever			
Typhoid			
Hepatitis A			
Hepatitis B			
Other			

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Consent
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I consent to my child having periodic health checks with the Local Authority School Nurse:

Signed:	
Print Name:	
Relationship to pupil:	
Date:	

*In accordance with the school nurse's professional obligations, medical information about pupils, regardless of their age, will remain confidential in most circumstances. However, there may be exceptions to this rule where the nurse considers it in the pupil's best medical interest, or necessary for the protection of the wider school community to pass on information to a relevant party e.g. a member of the Senior Management Team at the academy, or the parent concerned.*

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Declaration
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I acknowledge the above on confidentiality. I also agree that the information on this form shall be held by the academy as my child's school medical record and that relevant information may be passed to staff to inform them of any medical condition that may affect my child during the academy day to enable them to act in his/ her best interest:

Signed:	
Print Name:	
Relationship to pupil:	
Date:	

<b>For office use only:</b>			
Admission date:		CMIS ID	
Sibling:		UPN No.	
Class:		Data entry	



# Ark Burlington Danes Primary Academy

## EAL Pupil Profile

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### Pupil Information

Surname:		Forename:	
Chosen Name:		Gender:	M   F
DOB:		Place of Birth:	
Nationality:		Mother Tongue:	
Other languages spoken at home:			
Pupil Religion:		Pupil Ethnicity:	
Parent Religion:		Parent Ethnicity:	
Refugee status approved in the UK or EU:	<b>Yes</b>	<b>No</b>	
Please tick as appropriate:	<b>Yes</b>	<b>No</b>	
Child born in the UK from refugee background:			
Child living with family other than parents:			
Asylum Seeker:			
Traveller:			
Emigration:			
If child living with family other than parents please state relationship to pupil, names and address:			
Date of arrival in the UK:			
Age started to learn English:			
Date started school in the UK:			
Length of schooling in the UK:			
Previous schooling abroad:			

Literacy in home language:	
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# Ark Burlington Danes Primary Academy

## Digital Images & Photographs Consent Form

At Burlington Danes Primary Academy we take the issue of child safety very seriously and this includes the use of images of pupils. Images of pupils in academy publications and on the school website can be motivating for the pupils involved and provide a good opportunity to promote the work of the school. However, we have a duty of care towards pupils, which means that pupils must remain unidentifiable, reducing the risk of inappropriate contact if images are used in this way.

Occasionally, we may take photographs of the pupils at our academy. We may use these images in our school prospectus or in other printed publications that we produce. We also use photographs and video footage of our children to support assessments and staff training.

Teachers use video to show pupil achievements, school productions and curriculum based activities, which we may share on our academy website.

Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.

From time to time, our academy may be visited by the media who will take photographs or film footage of a visiting dignitary or when our pupils are taking part in special events. These images may appear in local or national newspapers.

Please consider all of the above, and then complete and return the consent form below to school as soon as possible. In signing this form, you give your consent for an image of your child being used in any of the ways described above.

I have read and understood this consent form and agree to my child's image being used in any of the ways described above,

Name of child:

Signed:

Print Name:

Relationship to pupil:

Date:

This permission will last for your child's time at Ark Burlington Danes Primary Academy





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### Pupil Pick-Up Information

Name of adult 1:	
Relationship to pupil:	
Telephone No:	
Mobile No:	
Name of adult 2:	
Relationship to pupil:	
Telephone No:	
Mobile No:	
Name of adult 3:	
Relationship to pupil:	
Telephone No:	
Mobile No:	
Name of adult 4:	
Relationship to pupil:	
Telephone No:	
Mobile No:	

### Declaration

I confirm that the information I have provided is accurate and complete to the best of my knowledge and I will provide the academy with any changes as soon as they occur

Signed:	
Print Name:	
Relationship to pupil:	
Date:	

*Please fill in the names of any adults that may pick your child up from the academy.*



# Ark Burlington Danes Primary Academy

## E-Safety Agreement Form

As the parent or legal guardian I grant permission for my child to have access to use the Internet, email and other ICT facilities at the academy.

I accept that ultimately the academy cannot be held responsible for the nature and content of materials accessed through the Internet and mobile technologies, but I understand that the academy will take every reasonable precaution to keep pupils safe and to prevent pupils from accessing inappropriate materials. These steps include using an educationally filtered service, restricted access email, employing appropriate teaching practice and teaching e-safety skills to pupils.

I understand that the academy can check my child's computer files, and the Internet sites they visit, and that if they have concerns about their e-safety or e-behaviour that they will contact me.

I will support the academy by promoting safe use of the internet and digital technology at home and will inform the academy if I have any concerns over my child's e-safety.

Name of child:

Signed:

Print Name:

Relationship to pupil:

Date:

This agreement will last for your child's time at Ark Burlington Danes Primary Academy



# Ark Burlington Danes Primary Academy

## PERMISSION FOR ACADEMY STAFF TO PROVIDE INTIMATE CARE

I give permission to the school to provide appropriate intimate care support to my child e.g.

- Changing soiled nappies
- Changing soiled clothing
- Washing
- Toileting when and if needed
- Other intimate care as may be necessary.

I will provide the school with suitable nappies and a change of clothes.

I acknowledge that the school may prefer that any intimate care be provided by any member of the Nursery Staff rather than one individual.

I will advise the Headteacher/ Staff of any medical complaint my child may have which affects issues of intimate care e.g. an upset stomach

I have read the Academy's Intimate and Personal Care of Pupils Policy

Name of child:

Signed:

Print Name:

Relationship to pupil:

Date: