

Kimberley Primary & Nursery School Swingate, Kimberley, Nottingham. NG16 2PG.

Telephone: 0115 9385050 office@kimberley-pri.notts.sch.uk www.kimberleyprimary.org.uk

Head Teacher: Mrs Rebecca Clarke

Dear Parents/Guardians,

When your son or daughter comes to our school we need to ask you for information about him or her.

We use this information in a variety of ways:

- It helps us to know who to send letters to and where to send them.
- It tells us about any medical condition that might affect his or her education.
- It gives us a person to contact if there is an emergency.
- It gives us information which the County Council uses for planning purposes.

The information we receive is recorded on our computer database and some of it on our card index system. Everything we record is subject to the requirements of the Data Protection Act.

Will you please complete the form on the other side as fully as possible and return it to school. Please complete the form using BLOCK CAPITALS. If you do not understand something on the form, please do not hesitate to contact the school. Please also complete the Emergency Contact Sheet.

You may be worried about having all this information on a computer and so we would like to reassure you that:

- All the information asked for has been agreed by the County Council.
- You may see the information held, at any time.
- You may request a copy of the information held.

Please return this form to school in a sealed envelope.

Thank you. Head Teacher KIMBERLEY PRIMARY SCHOOL

PUPIL INFORMATION

CONFIDENTIAL

Child's Name: Address:		Gender:	
Post Code: Home Telep			
Name of Mother:	Name of Father:		
Address (if different from above):	Address (if different from a	bove):	
Occupation: Name of Persons with Parental Responsibility (and a	Occupation: ddress if different from above):		

Pupil Ethnic Codes		
AAO – Any Other Asian Background	CHE – Chinese	REF – Refused
ABA – Bangladeshi	MBA White/Black African	WHA – Any other White Background
AIN – Indian	MWA – White/Asian	WHB – British
APK – Pakistani	MWB – White/Black Caribbean	WHR Irish
BLB – Black/Caribbean	MOT - Any other Mixed Background	WHT - Traveller - Irish Heritage
BLF – African	NOT – Information not Obtained	WRO – Gypsy/Roma
BLG Any other Black Background	OEO – Any other Ethnic Group	

Doctors Name and Address:

Telephone No.:

Medical Conditions or other information you think will influence your child's schooling.

Following the introduction of the Equality Act 2010 schools are required to gather some information about our children and families regarding disability. The Equality Act states that someone is disabled if 'they have a mental or physical impairment which has substantial and long term adverse effect on their ability to carry out normal day to day activities'.

Please complete the box stating any disabilities that apply to your child. (If you have any questions around the definition of disability please contact the school office directly.)

Name and Description of the Disability	Impact on day to day routines	

	Type of Travel of Child to School	Child's First Language
WLK	Walk	English
CYC	Cycle	Other than English
CAR	Car/Van	
CRS	Car Share (with a child/children from a different household	
PSB	Public Service Bus	
		Please indicate if either parent is a member of the Armed Forces.