



St Mary's Catholic Primary School

Rockingham Close, Uxbridge, Middlesex UB8 2UA

Tel: 01895 232 814

Email: office@stmarysuxbridge.org.uk

Website: www.st-marys.hillingdon.sch.uk

Headteacher: Miss Ann Shevlin B.A. (Hons.) • Chair of Governors: Mrs Maureen Thorpe

| CHILD'S DETAILS | Date: | |
|--|-----------------|---------------|
| Surname: | Forename: | |
| Other Names: | Preferred Name: | |
| Gender: | D.O.B.: | Phone Number: |
| Address: | | |
| Postcode: | | |
| Religion: | | |
| First Language Spoken to the Child at Birth: <i>(If different from English, please complete the enclosed "EAL Pupil Checklist" form)</i> | | |
| Present Language Spoken by the Child at Home: | | |
| Country of Birth: | Nationality: | |
| DOCTOR'S DETAILS | | |
| Medical Practice Name and Address: | | |
| Postcode: | Phone Number: | |
| MEDICAL CONDITIONS | | |
| Does your child have any medical conditions (e.g., allergies, asthma, hay fever, etc.)? Yes/No | | |
| If yes, please give full particulars of the conditions and treatment. This information will be treated in the strictest confidence. Failure on the part of the parent to disclose this information will mean that the school will not accept liability for your child if a severe reaction occurs whilst he/she is in the school. | | |
| IF YOUR CHILD HAS ASTHMA | | |
| Children will need to have two reliever inhalers (blue) and at least one spacer to keep at school. Preventer inhalers will not be kept at school. One inhaler and spacer will be kept in the classroom medical bag and the second inhaler will be kept in the school hall and/or taken for school trips. Parents are responsible for providing updated medication and replacements when the medication reaches the expiry date. | | |

PREVIOUS SCHOOL DETAILS:

School Name:

Address:

Date of Admission:

Date of Leaving:

Last School? Yes/No

Reason for Leaving:

Other previous schools attended (including country), dates and pupil's UPN

ADOPTED FROM CAREHas your child been adopted from care or ever been in care? **Yes/No**

Be assured that your answer will be treated confidentially. Please discuss with the Headteacher any concerns and/or support needed.

PUPIL PREMIUMDoes your child qualify for "Pupil Premium"? **Yes/No**

(To qualify, your child should be entitled to Free School Meals or have been in the previous 6 years – been adopted from care or have left care or be a service child).

Please remember that your reply will be kept confidential**MILITARY/SERVICE FAMILIES**Are you/have you ever been a Military or Service family? **Yes/No**

Service/Military Family's Children, please select: RN/RM/ARMY/RAF, NATO, Other
(If no longer in service but were any time since 2011 please indicate)

Please remember that your reply will be kept confidential**SPECIAL NEEDS**Does your child have any Special Education Needs? **Yes/No**

If yes, please state which Special Education Needs your child has:

ADDITIONAL INFORMATION

Please provide any information you feel may be relevant to enable us to support your child. The Headteacher will be happy to discuss any special needs you or your child may have.

TRAVEL ARRANGEMENTS

Please tick only ONE option

Bicycle Train Car/Van Walk Taxi School Bus Car Share
 London Underground Public Bus Service Metro/Train/Light Rail Other

Route _____

CONTACT DETAILS

Please give details below of all persons in the **order** that you wish them to be contacted in the event of your child being unwell or injured during the course of the school day. Please complete as many contacts as possible.

All adults with Parental Responsibility **must** be included in the contact list. However, please indicate with * if the parent is not to be contacted to collect a child from school.

Contact 1

Title _____ Name _____ Relationship to Child _____

Home Address _____

Day/Work Time Address _____

Home Phone No _____ Work Phone No _____

Alternative Phone No _____ Email address _____

Does this person have Parental Responsibility? **YES/NO**

Does the Child live at this address? **YES/NO**

Contact 2

Title _____ Name _____ Relationship to Child _____

Home Address _____

Day/Work Time Address _____

Home Phone No _____ Work Phone No _____

Alternative Phone No _____ Email address _____

Does this person have Parental Responsibility? **YES/NO**

Does the child live at this address? **YES/NO**

Contact 3

Title _____ Name _____ Relationship to Child _____

Home Address _____

Day/Work Time Address _____

Home Phone No _____ Work Phone No _____

Alternative Phone No _____ Email address _____

Does this person have Parental Responsibility? **YES/NO**

Does the child live at this address? **YES/NO**

Contact 4

Title _____ Name _____ Relationship to Child _____

Home Address _____

Day/Work Time Address _____

Home Phone No _____ Work Phone No _____

Alternative Phone No _____ Email address _____

Does this person have Parental Responsibility? YES/NO

Does the child live at this address? YES/NO

Contact 5

Title _____ Name _____ Relationship to Child _____

Home Address _____

Day/Work Time Address _____

Home Phone No _____ Work Phone No _____

Alternative Phone No _____ Email address _____

Does this person have Parental Responsibility? YES/NO

Does the child live at this address? YES/NO

SIBLING LINKS

If there are any brothers or sisters in the school then please give their name and the present year group and class that they are in.

Name _____ Year _____ Class _____

Name _____ Year _____ Class _____

Name _____ Year _____ Class _____

PARENTAL RESPONSIBILITY

Names of those with Parental Responsibility (This is a legal term)

If parents are married, separated or divorced **both** parents have parental responsibility on an equal bases **unless** it is restricted by a court order.

If parents are unmarried – the mother has automatic parental responsibility. The father has equal parental responsibility if the child's birth was registered by both parents together (the law was changed on 1 December 2004, to include this).

The father also has parental responsibility if there is a formal agreement in place with the mother o through a court order.

Other people (step-parents, foster parents, other relatives, etc.) **do not** have legal responsibility **unless** they have been granted it by the courts.

Absent parents with parental responsibility have the same rights to information about the school and their child's progress.

| | | |
|-------------------------------------|-------------------|------------------------------|
| Those with parental responsibility: | | |
| Name | Relation to child | Address and telephone number |
| | | |

I certify that the information on this form is, to the best of my knowledge, correct and up to date.

| | | |
|---------|--|------------------|
| Signed: | | Parent/Guardian: |
|---------|--|------------------|

| | |
|-------|--|
| Date: | |
|-------|--|

NOTIFICATION OF ACCIDENTS OR INJURIES

Early Years Parents/Carers will be informed of any accidents or injuries sustained by the child while in our care and of any first aid treatment given. This will normally be when the child is collected from school. When a child is picked up by someone other than the child’s parent/carer, we would only inform the person who is collecting.

The parents of children from other classes will be notified at the time of collection or by the “Accident/Incident/Illness Report Slip” sent with the child via book bag.

ATTENDANCE AND SICKNESS (Attendance Policy available on the website)

I have read and understood the school Attendance Policy and understand that this policy is reviewed annually and can be viewed on the school website.

I will make sure to, if my child is absent, contact the school as soon as possible on the first day of absence and will send a note or email on the first day my child returns to school explaining the reason of the absence.

I understand that there is not entitlement to holidays during term time and if I take my child off school on holidays during school term these absences will be marked unauthorised.

| | |
|---------|-------------------------|
| Signed: | Parent/Guardian’s name: |
|---------|-------------------------|

VISITS TO THE LOCAL COMMUNITY

As part of the children’s learning, visits may be organised to the immediate local environment e.g. trips to the library, Church, book shop and other places linked to the children’s work in school.

Please note that frequent visits to our Parish Church are organised and **all** children are required to attend.

All other outings will be notified to parents and their permission sought for that particular event. I agree to my child being taken on short visits to local venues and our Parish Church which may be organised during his/her time at school.

| | |
|---------|-------------------------|
| Signed: | Parent/Guardian’s name: |
|---------|-------------------------|

INTERNET GUIDANCE (Guideline available on the school website)*PUPIL'S AGREEMENT*

I have read and understood the school Internet Guidelines on responsible internet use.

Signed:

Pupil's name:

PHOTOGRAPHS AND VIDEO CONSENT

We sometimes take photographs of pupils. We use these photos to help us to give people an idea of what life at our school is like, for example in the newsletter and on the school website.

Please tick the relevant box(es) below, sign and return this form to school.

| Use of photos | Tick (✓) |
|---|----------|
| I am happy for photos of my child to be used on the school website or newsletter. | |
| I am happy for photos of my child to be used in internal displays. | |

If you change your mind at any time, you can let us know by emailing office@stmarysuxbridge.org.uk, or just popping in to the school office.

Signed:

Date:

LUNCH BOX POLICY (Policy available on the school website)

I have read and understood the school Lunch Box Policy and know that the Lunch Box Policy is available from the school office and the school website.

I understand that the policy is updated annually and is displayed on the school website.

Signed:

Parent/Guardian's name:

UNIFORM POLICY (Policy available on the school website)

I have read and understood the school Uniform Policy and know that the Uniform Policy is available from the school office and the school website.

Signed:

Parent/Guardian's name:

EARRING DISCLAIMER

I am aware that children should not wear earrings during P.E., swimming and games lessons because of the risk of injury. Nevertheless, I wish my child to continue to wear stud earrings and he/she will be responsible for removing them before the games lessons, swimming and P.E.

I accept full responsibility for any injuries, loss or damage that may arise as a direct result of my decision.

Signed:

Parent/Guardian's name: