



Head Teacher
MRS M. ASHLEY

ARCHDIOCESE OF BIRMINGHAM

St. Joseph's Catholic School

Rocky Lane, Nechells, Birmingham B7 5HA



Tel: 0121-464 8140
Fax: 0121-464 8145

Pupil Data Form

CONFIDENTIAL

Please complete the form below for our records. This data is essential for your child's welfare in school and will be kept confidentially.

In order for us to provide children with an education we need to collect personal data to help us with their educational needs.

St. Joseph's Catholic Primary School collect and use your personal data for

- supporting pupil learning
- monitoring and reporting on pupil progress
- providing appropriate pastoral care
- keeping your child safe
- assessing the quality of our service
- complying with the law regarding data sharing

St. Joseph's Catholic Primary School will process (collect, store and use) the information you provide in a manner compatible with the EU's General Data Protection Regulation (GDPR). We will endeavour to keep your information accurate and up-to-date, and not keep it for longer than is necessary.

YOUR CHILD'S DETAILS

Surname Forename

Middle Name Chosen Name

Gender : M / F (*please circle*) Date of Birth

Home Address

.....

.....

Post Code

Home Tel. Email address

BROTHERS/SISTERS ALREADY AT ST. JOSEPH'S

Name Class

Name Class

ETHNICITY/RELIGIOUS BACKGROUND

Please tick the box which best describes your child's ethnic background

White (UK) White (Irish) White (European) Traveller

Black Caribbean Black African Bangladeshi Indian

Pakistani Chinese Vietnamese Other

Religion Home Language

GENERAL INFORMATION

MEAL ARRANGEMENTS

My child is entitled to free school meals (even if not taken) YES NO

I am in receipt of: Universal Credit (earnings must be under £7400 a year after tax not including benefits)
 Income Support Income Based Job Seekers Allowance Guarantee element of State Pension Credit
 irESA Child Tax Credit only (*no working tax credit*) Support under Part VI of the Immigration and Asylum Act 1999

	You	Your Partner
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Surname / Family Name		
Other Names		
Date of Birth	<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"/> / <input type="text"/> <input type="text"/>
National Insurance 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"/>	<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"/>

My child's meal arrangements will be:

Free School Meals Paid School Meals Sandwiches

Please give details of any special dietary needs

PREVIOUS SCHOOL/NURSERY

Name of School *Dates attended*
 Address
 Start: / /
 Tel. Finish: / /

Please give details of any areas that you feel your child is particularly able/gifted in, or that you feel they may need extra support in:.....

COLLECTION FROM SCHOOL

Name of other responsible adult authorised to collect your child from school

Please note that all children should be accompanied into the school gate every morning at 8.55am. They should be collected by a responsible adult at 3.15pm every day. Children are not permitted to travel home alone. In the event that your child needs to be collected by someone other than yourself, that may not be known by the class teacher, please ensure that you let the school know in advance.

CONSENT FOR LOCAL VISITS

During their time at school, we like to take the children on short walks/visits in and around our local community. These visits serve to enrich the curriculum, making it more easily accessible to the children and enhancing their understanding and knowledge of the world around them. These visits may include nature walks around the school and local environment, visits to the local shops, parks, libraries, local buildings, churches and other places of worship. Children are always very well supervised and our staff takes every precaution for their safety.

If you object to your child leaving the school premises to go on supervised local visits, please inform the school in writing. Again, this will be kept on record and your child will not participate in these events.

CONTACT DETAILS

From time to time, it may be necessary for us to contact you in an emergency. This may be to do with your child's health, welfare or behaviour and will only happen if it is essential. Therefore it is vital that we are able to contact you at all times, whether this is at work, home or on a mobile. In the event that we are not able to contact you, we require additional contacts who are authorised people to act on your behalf in the care of your child. This may be a grandparent, relative, friend or neighbour who is willing and would be available to speak to staff and if necessary, collect your child in your absence. In all instances, it should be a person who your child knows well and trusts. Our first point of contact will always be the child's home number, or the person with parental responsibility.

*Please give details below of all persons to be contacted in an emergency,
placing them in the order you wish them to be contacted.*

Parent/Carer 1 (adult with *parental responsibility*)

Name Relationship to Child

Address (if different to child's)
.....
.....

Email address

Phone Numbers: Home Mobile
Work Other

Parent/Carer 2 (adult with *parental responsibility*)

Name Relationship to Child

Address (if different to child's)
.....
.....

Email address

Phone Numbers: Home Mobile
Work Other

Additional Contact

Name Relationship to Child

Address

Phone Numbers: Home Mobile
Work Other

Additional Contact

Name Relationship to Child

Address

Phone Numbers: Home Mobile
Work Other

Additional Contact

Name Relationship to Child

Address

Phone Numbers: Home Mobile
Work Other

ADDITIONAL INFORMATION

Please outline below any other information that you feel may be important to your child's welfare in school:

.....

.....

.....

.....

.....

.....

.....

.....

I have read and understand clearly all aspects of this form. The information I have given is accurate and up to date. I agree to the use of this data in the methods outlined in this document.

Signed (Parent/Carer 1) Date

Signed (Parent/Carer 2 – if applicable) Date

**** Please inform the school IMMEDIATELY if any of the data given in this form changes, e.g. addresses, telephone numbers, contact details. Thank you. ****