



Summerfield Education Centre

Auckland Drive, Birmingham. B36 0DD

Telephone: 0121 779 8090

Email: 509office@summerfieldec.solihull.sch.uk

Pupil information

Legal Forename:		Home Address:	
Middle name:			
Legal Surname:			
Preferred Forename:			
Preferred Surname:			
Date of Birth:		Telephone:	
Gender:	Male/Female	Email:	

Post Looked After Care (option to declare)

Please tick one of the below categories if applicable to your child. Post Looked After Care attracts significant additional school funding. Please rest assured that this information will remain confidential; a senior member of staff will contact you for supporting documentation (parents may conceal sensitive information, e.g. name of birth parents).

<input type="checkbox"/>	A Ceased to be looked after through adoption
<input type="checkbox"/>	G Ceased to be looked after through a special guardianship order (SGO)
<input type="checkbox"/>	R Ceased to be looked after through a residence order (RO)
<input type="checkbox"/>	C Ceased to be looked after through a child arrangement order (CAO)

Contact information

Please give details of all persons who have parental responsibility (PR) for your child. Please also include anyone who can be contacted in an emergency or who may collect your child from school. If any of these contacts have a Court Order in place please contact the school directly.

Emergency Priority (please rank)	PR (Y/N)	Name & Relationship	Home Address	Phone Numbers	Permission to collect from school
	Y/N			Home:	Y/N
				Mobile:	
				Work:	
			Email		

	Y/N			Home:	Y/N
				Mobile:	
				Work:	
			Email		
	Y/N			Home:	Y/N
				Mobile:	
				Work:	
			Email		

Siblings in school (if applicable)

Name:	Same address:	Name:	Same address:
	Y/N		Y/N
	Y/N		Y/N

Medical and dietary requirements

See Separate sheet

Ethnic Origin

<u>White</u>		<u>Mixed or Dual Background</u>		<u>Asian or Asian British</u>	
<input type="checkbox"/>	British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Gypsy/Roma	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>	Any other Asian background
<input type="checkbox"/>	Any other white background			<input type="checkbox"/>	Chinese
<u>Black or Black British</u>					
<input type="checkbox"/>	African	<input type="checkbox"/>	Any other ethnic group (please state): _____		
<input type="checkbox"/>	Caribbean				
<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	I do not wish this information to be collected		

First Language(s): _____

This is the language(s) to which your child was first exposed during early development, and continues to be exposed in the home and community.

Parents in military service: Yes No

Eligible for Free School Meals Yes No

Name of previous school and dates of attendance (if known)

Name: _____ From - To: _____

Trips and other off-site activities (please sign separate consent form)

Consent for photographs

I agree to photographs of my child being used by the school for promotional purposes or around the school (e.g. on a school website or school newsletters)

Consent for biometric data

I agree for my child's biometric data to be used by the school (e.g. for school dinners)

Name: _____

Signature: _____ Date : _____