

Lympsham Pre-School - Nursery Pupil Details Form

Please complete all the information below, sign and return to the school office in a sealed envelope. Information is required to fulfil our legal and statutory obligations. Please refer to the school's Privacy Notice on our website for further explanation of the data collected in school, why it is collected and your rights under the Data Protection Act 2018.

Legal Surname: Preferred Surname:	Legal Forename: Preferred Forename: Middle Name:
<i>*Legal Surname/Forename are the names that appear on the pupil's birth certificate</i>	
Date of Birth:	Gender:
Address:	

Please give details of all persons who have Legal Parental Responsibility, (For a definition refer to the GOV.UK website and search for Parental Rights and Responsibilities). Please note, removing a contact with Parental Responsibility requires supporting documentation.

Contact Priority	Legal Parental Responsibility Yes/No	Contact Title, Full Name & Home Address	Contact Relationship to Pupil	Phone Numbers: * Please indicate which number should be recorded as the main contact number
				Home: Work: Mobile:
			Email Address:	Mobile:
				Home: Work: Mobile:
			Email Address:	Mobile:

Please also list any additional emergency contacts and the priority in which they should be contacted. (Including those above, it is advised that a minimum of 3 contacts are supplied). PLEASE NOTE, in supplying the emergency contacts data, the signatory is affirming that the emergency contacts have agreed to act in this way and are aware that the details supplied below will be retained by the school for this purpose. The information provided in the Privacy Notice on the school website explains the school's responsibilities and their rights.

Contact Priority	Contact Title, Full Name & Home Address	Contact Relationship to Pupil	Phone Numbers: * Please indicate which number should be recorded as the main contact number
			Home: Work: Mobile:
			Home: Work: Mobile:

Please list the names of any siblings already attending the school

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Travel Arrangements: Only 1 option may be chosen – please circle

Options: Boarder, Bus, Car Share (ie 2 families sharing), Car/Van, Cycle, School Bus, Metro/Tram/Light Rail, Other, Public Bus, Taxi, Train, Walk

Dietary Needs: Please list any food allergies/dietary needs

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Medical Practice:		Tel:	
Address:			

Medical Condition(s):

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Medical Note(s):

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***Ethnic/Cultural:**

Ethnicity:		First Language: (ie language spoken at home during early years)	
Religion:			

***You have the right to decline to provide this information. If none of the options are completed then this will be recorded as "Refused"**

***Service Child:**

Is the parent(s) the child resides with currently serving in the (regular) Armed Services?	
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***You have the right to decline to provide this information**

General information

Please give below any other information which you feel might help the school to ensure the best interests of the pupil are met eg, if any Court Orders exist, if your child has any Special Educational Needs or if your child has any regular caring responsibilities (when did their caring role start?) etc.

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The school is classed as a Data Controller under the Data Protection Act 2018 and as such has a duty to process any personal information obtained and held by them according to the Data Protection Principles. The school also has a statutory duty to share some or all of this information with other professional bodies as set out in the school's Privacy Notice. Should you have any queries in relation to this please contact the school directly.

Signature:

Date:

Print Name: