

<p>My child has a Statement of Special Educational Needs (SEND) or an Education, Health and Care Plan (EHC)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please provide details</p>																																										
<p>My child has Special Educational Needs but does not have a statement</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please provide details</p>																																										
<p>Ethnicity (please tick box)</p> <p><i>The school is required by the DfES to ask about the Ethnic group of its pupils. You are not obliged to provide this information, but it is hoped you feel able to do so.</i></p> <p>White</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>White - British</td></tr> <tr><td><input type="checkbox"/></td><td>White - Irish</td></tr> <tr><td><input type="checkbox"/></td><td>White - European</td></tr> <tr><td><input type="checkbox"/></td><td>White - Other</td></tr> <tr><td><input type="checkbox"/></td><td>Traveller of Irish Heritage</td></tr> <tr><td><input type="checkbox"/></td><td>Gypsy/Roma</td></tr> </table> <p>Mixed / Dual Background</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>White and Black African</td></tr> <tr><td><input type="checkbox"/></td><td>White and Black Caribbean</td></tr> <tr><td><input type="checkbox"/></td><td>White and Asian</td></tr> <tr><td><input type="checkbox"/></td><td>Any other Mixed Background</td></tr> </table>	<input type="checkbox"/>	White - British	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>	White - European	<input type="checkbox"/>	White - Other	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	Gypsy/Roma	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Any other Mixed Background	<p>Asian or Asian British</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Indian</td></tr> <tr><td><input type="checkbox"/></td><td>Pakistani</td></tr> <tr><td><input type="checkbox"/></td><td>Bangladeshi</td></tr> <tr><td><input type="checkbox"/></td><td>African Asian</td></tr> <tr><td><input type="checkbox"/></td><td>Any other Asian Background</td></tr> </table> <p>Black or Black British</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Black - African</td></tr> <tr><td><input type="checkbox"/></td><td>Black - Caribbean</td></tr> <tr><td><input type="checkbox"/></td><td>Any other Black Background</td></tr> </table> <p>Other</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Chinese</td></tr> <tr><td><input type="checkbox"/></td><td>Any other Ethnic Background</td></tr> <tr><td><input type="checkbox"/></td><td>I do not want my child's Ethnic background recorded</td></tr> </table>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	African Asian	<input type="checkbox"/>	Any other Asian Background	<input type="checkbox"/>	Black - African	<input type="checkbox"/>	Black - Caribbean	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any other Ethnic Background	<input type="checkbox"/>	I do not want my child's Ethnic background recorded
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<p>Any special Dietary Requirements</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details</p>	<p>Please indicate how your child will <u>usually</u> be travelling to school</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Car</td><td><input type="checkbox"/></td><td>Car Share</td></tr> <tr><td><input type="checkbox"/></td><td>Bike / Scooter</td><td><input type="checkbox"/></td><td>Bus</td></tr> <tr><td><input type="checkbox"/></td><td>Walk</td><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input type="checkbox"/>	Car	<input type="checkbox"/>	Car Share	<input type="checkbox"/>	Bike / Scooter	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Walk	<input type="checkbox"/>	Other																														
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<p>Consents (please tick all the relevant boxes you are signing to give consent for)</p> <p>Medical</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>In an Emergency if unable to contact, consent for school to transport to hospital</td></tr> <tr><td><input type="checkbox"/></td><td>Consent for school to administer First Aid</td></tr> <tr><td><input type="checkbox"/></td><td>Consent for school to call Doctor</td></tr> </table> <p>Local Visits</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Consent for my child to go on local walks under appropriate supervision, as part of a pre-arranged visit</td></tr> </table> <p>Contact info (I give consent for)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>The school to contact me via telephone</td></tr> <tr><td><input type="checkbox"/></td><td>The school to contact me via email</td></tr> <tr><td><input type="checkbox"/></td><td>The school to contact me via SMS</td></tr> </table>	<input type="checkbox"/>	In an Emergency if unable to contact, consent for school to transport to hospital	<input type="checkbox"/>	Consent for school to administer First Aid	<input type="checkbox"/>	Consent for school to call Doctor	<input type="checkbox"/>	Consent for my child to go on local walks under appropriate supervision, as part of a pre-arranged visit	<input type="checkbox"/>	The school to contact me via telephone	<input type="checkbox"/>	The school to contact me via email	<input type="checkbox"/>	The school to contact me via SMS	<p>Child's Image (I give consent for)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>The school to take photographs of my child</td></tr> <tr><td><input type="checkbox"/></td><td>Photos to be used in the School Prospectus</td></tr> <tr><td><input type="checkbox"/></td><td>Photos or videos to be uploaded to School Website</td></tr> <tr><td><input type="checkbox"/></td><td>Photos of my child used in School Displays and Literature</td></tr> <tr><td><input type="checkbox"/></td><td>Photos or videos to be uploaded to Tapestry (EYFS)</td></tr> <tr><td><input type="checkbox"/></td><td>Photos or videos to be used in Local or National Media (e.g newspapers, BBC, Look east)</td></tr> </table> <p>Parent / Guardian Signature</p> <hr style="border: 1px solid black;"/> <p>Date _____</p>	<input type="checkbox"/>	The school to take photographs of my child	<input type="checkbox"/>	Photos to be used in the School Prospectus	<input type="checkbox"/>	Photos or videos to be uploaded to School Website	<input type="checkbox"/>	Photos of my child used in School Displays and Literature	<input type="checkbox"/>	Photos or videos to be uploaded to Tapestry (EYFS)	<input type="checkbox"/>	Photos or videos to be used in Local or National Media (e.g newspapers, BBC, Look east)																
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<p>Notes regarding Consents</p>																																											

Under the revised Regulation you have the right to withdraw consent at any time. If you change your mind, you can let us know by calling the school on 01733 262449, emailing office@sacredheart.peterborough.sch.uk or in person at the school office.

Emergency Contact Details – Please give details for all persons who have any legal responsibility for this child and anyone who could be contacted should an emergency arise when you are unavailable.

Please provide any information (if applicable) regarding Court Orders and Access arrangements in *Additional Contact Information

1st Contact Name	Daytime telephone: Work place: Home telephone:
Mobile telephone:	
Relationship to Child	Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address (if different from child's address)	
*Additional Contact Information (Court Orders, Access arrangements)	
2nd Contact Name	Daytime telephone: Work place: Home telephone:
Mobile telephone:	
Relationship to Child	Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address (if different from child's address)	
*Additional Contact Information (Court Orders, Access arrangements)	
3rd Contact Name	Daytime telephone: Work place: Home telephone:
Mobile telephone:	
Relationship to Child	Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address (if different from child's address)	
*Additional Contact Information (Court Orders, Access arrangements)	
4th Contact Name	Daytime telephone: Work place: Home telephone:
Mobile telephone:	
Relationship to Child	Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address (if different from child's address)	
*Additional Contact Information (Court Orders, Access arrangements)	

N.B. If you wish to provide information on additional contacts, please write the details in the Supplementary Information box overleaf.

Supplementary Information – Please provide in the box below, any other information (additional contacts, concerns or worries etc.) you feel we should know about your child.

I acknowledge that the information I have given on this form is correct:

Parent / Guardian Signature _____ Date _____

FOR SCHOOL OFFICE USE ONLY

Document	Verified	Notes
Birth Certificate		
Baptism Certificate		
Proof of Address		
Collection from School - data form		
Date of Admission		
UPN		
MIS Updated	Verified	
Pupil Asset		
PMX		
Live Kitchen		
Tapestry		