



Samuel Pepys School Pupil Essential Information 2020-2021

Information about your child

Child's surname: Child's forenames: (Known as): Address: Telephone (home):	Child's date of birth: Religion: Ethnicity:
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Parent/Carer 1

Parent/Carer 2

Parent/Carer's Full Name: Address if different from above: Parental responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick) <small>Under the 1989 Children's Act all parents have the right to receive information about their child's progress</small> Mobile: Daytime phone number (home/work): E-mail address: Ethnicity: *DOB: *NI Number: Languages spoken at home: Date of arrival in UK (if relevant):	Parent/Carer's Full Name: Address if different from above: Parental responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick) <small>Under the 1989 Children's Act all parents have the right to receive information about their child's progress</small> Mobile: Daytime phone number (home/work): E-mail address: Ethnicity: *DOB: *NI Number: Languages spoken at home: Date of arrival in UK (if relevant):
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The sections marked * are non-compulsory. If supplied, this information will be shared with Cambridgeshire County Council and other relevant bodies administering public funds. By signing this form, I/we give permission for the data to be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits. For further information on the handling of personal data, please see a copy of the Privacy Notice at http://www.cambridgeshire.gov.uk/info/20044/data_protection_and_foi/148/information_and_data_sharing/5
 Please read alongside Samuel Pepys School privacy notice on our website under the 'About' tab.

'DFE Keeping children safe in education' states schools should hold more than one emergency contact for every pupil. Please add two contacts in addition to the names listed under parents. School will try parents/carers first then use the contacts below if we are unable to contact you in case of emergency.

Additional contact in case of emergency 1	Additional contact in case of emergency 2
Name:	Name:
Relationship to pupil:	Relationship to pupil:
Phone Number:	Phone Number:

Others living in the family home:

Names:	Age: (if under 18)	Relationship to pupil:
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Service children

Schools are now required to indicate whether a child has a parent(s)/guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education' by ticking one of the boxes below.

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> I do not wish a service children indicator to be
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Respite care/Short breaks:

Eg Link carer/Woodland Lodge/London Road/ Direct payment worker-please add names

Your child's GP

GP Name:	Name of Surgery:
Address of surgery:	Phone number:

Medical information (please tick)
 Epilepsy protocol Feed Protocol Asthma Other (eg diet, allergies, please state)

 Prescribed medication needed in school. *Please complete a medical consent form*

Permission to administer medication to your child must be recorded on a "Medication Consent Form" for regular and emergency dosage. Please complete a consent form-this can be found on our website or from the school office. If your child needs any medication (including paracetamol) this must be prescribed by a doctor and sent to school in the original packaging with a prescribers label clearly stating the route of administration (eg oral)

Transport arrangements:

<input type="checkbox"/> I walk to school	<input type="checkbox"/> I cycle to school	<input type="checkbox"/> I am driven by my parent/carer
<input type="checkbox"/> My transport is provided by LA (Taxi/minibus)	<input type="checkbox"/> I travel independently	

Lunchtime arrangements:

<input type="checkbox"/> I pay for a school meal	<input type="checkbox"/> I have a free school meal	<input type="checkbox"/> I bring a packed lunch	<input type="checkbox"/> I have a feeding protocol
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Parental Consents:*Please indicate below your consent for your son/daughter to take part in:*

I give permission for my child to swim at One Leisure Swimming Pool	Yes	No
I give permission for my child to take part in hydrotherapy at Samuel Pepys School	Yes	No
I give permission for my child to take part in local community trips during the school day	Yes	No
I give permission for my child to be transported in a staff car (with business cover) in exceptional circumstances or with prior notice	Yes	No
I give permission for school staff, including therapists, to take and store photos and videos of my child to record achievements or support learning	Yes	No
I give permission for my child to be photographed for the purposes of news reporting to promote the work and events at the school	Yes	No
I give permission for my child's photo and first name to be included in communication devices that may be used by other pupils at school and at home (e.g. a communication book or grid, so the pupil can talk about their day, friends etc)	Yes	No
I give permission for my child to be photographed and included on the school website, leaflets, displays and in school newsletters – we use first names only, no surnames will be included on the website	Yes	No
I will send in a labelled bottle of sun cream for my child to use in the summer months and give permission for my child to use other sun cream if that bottle is not available	Yes	No
In the event of an accident or illness whilst at school or during an educational visit, I consent to any necessary medical treatment which might be necessary, including the use of anaesthetics.	Yes	No

Please note that separate consent forms may be sent home as appropriate to pupils individual needs for activities such as rebound therapy, horse-riding, work experience and also for one-off educational visits or visits that extend beyond the school day.

By signing this form you are confirming that the information you share is correct and that you will inform the school office of any updates 01480 375012 or office@samuelpepys.cambs.sch.uk and that you have permission from others to include their personal information.

Signed: <i>To be signed by an adult with parental responsibility</i>	
Print your name:	
Date:	