

Farnborough Primary School
DATA CHECKING SHEET 2019/20

Please complete in full and return to the School Office as soon as possible

Surname	<input type="text"/>	Forename	<input type="text"/>
Middle Name	<input type="text"/>	Chosen Name	<input type="text"/>
Gender	<input type="text"/>	Date of Birth	<input type="text"/>
Address, Including Post Code	<input type="text"/>		
Phone No	<input type="text"/>	Mobile Phone No	<input type="text"/>
Year	<input type="text"/>	Class	<input type="text"/>

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

PLACE THEM IN THE ORDER YOU WISH THEM TO BE CONTACTED IN AN EMERGENCY.

Name/Relationship	Home Address	Contact Telephone Number
1.		
2.		
3.		
4.		

Dietary Needs

Meal Arrangement – Please tick the appropriate choice

Free School Meal

Paid School Meal

Packed Lunch

Ethnic Origin

Home Language

Religion

Country of Birth

Nationality

E-Mail Address (if available):

MEDICAL INFORMATION

Name of Child: _____

DOB _____ Year _____ Class Name _____

Family Doctor's Details

Name _____

Address _____

Post Code _____

Telephone No _____

Medical Needs

It is important that the school is aware of any medical needs and any medication that may need to be administered in school on a regular basis including Asthma.

Does your child have any medical needs?

Does your child take any regular medication which should be administered in school?

As your child may take part in food technology activities and may need to taste food please detail below any food allergies, stating if your child has any special dietary needs which could prevent her/him from tasting/eating certain foods. This is especially important if your child has school lunches.

Does your child suffer from any food allergies?

Are there any foods for your child to avoid?

To ensure that every child's needs can be met at Farnborough Primary School please could you indicate if your child has special educational needs or any additional needs that may require any adaptations to the national curriculum.

Special Educational Needs / Additional Needs Yes / No

Brief Details of Need

Working with Other Agencies (Please list)

* I give / I do not permission for a member of Farnborough Primary School staff to administer calpol/ paracetamol to my child during the school day, if required.

I understand that I will be informed if my child has been given this medication.

Signed _____

* Please delete as appropriate