

**Farnborough Primary School**  
**DATA CHECKING SHEET 2021/22**

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

Year Group	<input type="text"/>	Class Name	<input type="text"/>
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"/>
Full Address	Post Code:		
Phone No	<input type="text"/>	Mobile Phone No	<input type="text"/>
Email Address	<input type="text"/>		
Parents Name	<input type="text"/>	Please register the above email/mobile telephone number for the Schools 'In Touch' Service <input type="checkbox"/>	
<small>(More information available on the school website)</small>			
Ethnic Origin	<input type="text"/>	Home Language	<input type="text"/>
Country of Birth	<input type="text"/>	Religion	<input type="text"/>
		Nationality	<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.		

Siblings at the school (Name & Class)

Meal Arrangement – Please tick the appropriate choice

Free School Meal  Universal School Meal  Paid School Meal  Packed Lunch

Dietary Needs (I.e Vegetarian)

Allergies or Intolerances/Foods to avoid

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**MEDICAL INFORMATION**

Childs Name <input style="width: 90%;" type="text"/>	DOB: <input style="width: 90%;" type="text"/>
Year Group <input style="width: 90%;" type="text"/>	Class <input style="width: 90%;" type="text"/>

**Family Doctors Details:**

Name	<input style="width: 85%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>
	Post Code: <input style="width: 20%;" type="text"/>
Telephone Number	<input style="width: 95%;" type="text"/>

**Medical Needs**

**It is important that the school is aware of any medical needs and any medication that your child takes at home or may need to be administered in school on a regular basis including Asthma.**

Does your child have medical needs?

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

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

Does your child have and Special Educational Needs/Additional Needs? YES / NO \*

If yes please give a brief detail of your child's needs below and advise if applicable any agencies you are working with

I GIVE / DO NOT GIVE \* permission for Farnborough Primary School staff to administer calpol/paracetamol during the school day, if required. I understand that I will be informed if my child has been given this medication.

Signed <input style="width: 90%;" type="text"/>	Print <input style="width: 90%;" type="text"/>
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\*Please delete as appropriate