



PUPIL INFORMATION SHEET

Please complete all sections in CAPITALS and return to The School office

Personal Information

Legal Surname		Legal Forename	
Middle Name(s)		Chosen Name	
Gender		DOB	
Home Address	Post Code		
Nationality		Country of Birth	
Date of entry to UK (If not born here)		Special Guardianship Order	(Please tick)

For office use

Form	Bands/Sets
UPN	ULN

Parent/Carer Contact Information

Title:- Mr/Mrs/Miss/Ms	Surname	Forename
Relationship to pupil		
Day Phone	Mobile No	
E-mail Address		
Lives with Child	Yes No <i>Please circle</i>	
Address if different:		

Title:- Mr/Mrs/Miss/Ms	Surname	Forename
Relationship to pupil		
Day Phone	Mobile No	
E-mail Address		
Lives with Child	Yes No <i>Please circle</i>	
Address if different:		

Other Contact Information

Title:- Mr/Mrs/Miss/Ms	Surname	Forename
Relationship to pupil		
Home Address		
Day Phone	Mobile No	

Any change in student details should be notified to the School Office immediately

Are any of the contacts named above also contacts for other pupils already attending Hazel Wood?

*Please provide details

*Yes	No
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Name of pupil already at Hazel Wood	Form	Name of Shared Contact	Relationship to pupil already at Hazel Wood

Meal (Please tick)

Free Meal	School Meal	Sandwiches
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Student Medical Information – This section MUST be completed

Doctor:	Practice:
Address:	Tel. No:
Does your child have any medical conditions or allergies? YES NO	
Please state condition/allergy:	
Is the condition:	MILD MODERATE SEVERE (Please circle)
Does your child take medication for the condition/allergy? YES NO	
What is the medication called?	

Ethnicity (Please tick)

Any other Black background	Any other ethnic group	Any other mixed background	Any other White background	Bangladeshi
Black - African	Black - Caribbean	Chinese	Gypsy/ Roma	Indian
Pakistani	Traveller of Irish heritage	White - British	White - Irish	White and Asian
White and Black African	White and Black Caribbean	Refused	Information not supplied	

Language

Home Languages (those which are spoken at home)	
First Languages (the first language the pupil spoke)	
Is English an Additional Language (EAL) YES / NO	Refugee/Asylum seeker YES / NO
Any other languages spoken by the pupil	

Religion (please tick)

Buddhism	Christianity	Hinduism
Jewish	Muslim	No Religion
Other Religion	Refused	Sikhism

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For pupils approaching or above the age of 13, the school is required to pass on information to the Connexions Service. This information includes the name and address of the pupil and parent and any further information relevant to the Connexions Service's role, which is to support young people, helping them to achieve their potential and to realise the benefits from education, learning and employment. However, parents can ask that no information beyond name and address (for pupil and parent) be passed on to Connexions. If as a parent you do not want Connexions to receive from the school, information beyond name and address, then please let us know.

***I do / do not wish school to pass on information on to the Connexions Service.**

(*Delete as appropriate)

Disability Discrimination Act & Equality Act – This section MUST be completed

From December 2010, all public institutions have had a Disability Equality Duty to promote and implement equality of opportunity between disabled people and other people. We wish to ensure that all pupils, staff, parents and other users of the School feel confident that Hazel Wood High School is 'actively promoting disability equality and eliminating discrimination' (DfE). To help us, we would be grateful if you would complete the following questions if they apply to your son/daughter and /or family. Thank you.

Do you consider your child to have a disability?

YES NO

Learning Disability Hearing Impairment Visual Impairment Physical Disability
Other (Please specify)

Do you consider that either parent has a disability?

YES NO

Learning Disability Hearing Impairment Visual Impairment Physical Disability
Other (Please specify)

Does your child have any responsibility for caring for a disabled family member?

YES NO

Child in Public Care

Please PRINT IN BLOCK CAPITALS and give names in full:

If a care order is in force, please give details of person with residence order, the legal guardian, or the local authority

TITLE (please circle 1 of the categories shown in the box marked *)	* Mr & Mrs / Mr / Mrs / Ms / Miss
NAME(S)	
RELATIONSHIP TO CHILD (eg:- *Person with Residence Order *Legal Guardian *Foster Parents, etc)	
ADDRESS	Postcode:
TELEPHONE NO	Home: Work: Mobile:

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SOCIAL WORKER	Name:
	Telephone number:

Private Fostering

Are you caring for a child who you are not legally responsible for? **YES / NO**

What is your relationship to the child?

How long has the child been living with you?

Previous School Information

Previous School			
From		To	

Parental Permission (Please tick)

- | | | |
|--|--|---|
| <input type="checkbox"/> Copyright | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Photograph student |
| <input type="checkbox"/> Sex Education | <input type="checkbox"/> Data Exchange | <input type="checkbox"/> School Visits |

Consent – Your rights

You have the right to change or withdraw your consent preferences at any time by contacting the School Office who will issue you with a new consent form to sign.

Information provided by:

Relationship to child:

Date of admission: Signed:

Please return by: FRIDAY 5th JUNE 2020

You can either take it to the school office any morning between 9am and 12am.

Send it through the post, our address is: Hazel Wood High School, Hazel Wood Avenue, Bury, BL9 7QT.

Take a picture of it and email it or scan and email it. The email address is enquiries@hazelwoodhigh.co.uk.

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