

Confidential - Pupil Record Form

Holiplay Preschool at St Marks

1. PUPIL DETAILS		
Child's Family Name:		
Child's First Name(s):		
Name by which child is known (if different)		
DOB:	Proof Seen YES/NO	Sex: MALE/FEMALE
Address where child is living		
POST CODE:	Borough	
2. PARENT'S/CARER DETAILS		
Relationship to child (e.g. mother/carer)		
Mr / Mrs / Miss / Ms Surname	First Name	
Address (if different from child)		
POST CODE		
Telephone Numbers		
Home:	Mobile:	Work:
Relationship to child (e.g. father/carer)		
Mr / Mrs / Miss / Ms Surname	First Name	
Address (if different from child)		
POST CODE		
Telephone Numbers		
Home:	Mobile:	Work:
Are there any legal orders relating to this child YES / NO If yes please specify		
Name and address of others with right of access to information		
3. HEALTH & SPECIAL EDUCATIONAL NEEDS (SEN)		
Please state any foods your child is not allowed to eat e.g. vegetarian / no pork		
Does your child have any known medical conditions? YES / NO		

If yes please specify				
Name of Doctors' surgery				
Address				
Tel NO.				
Other agency Involvement / other information e.g. SEN / Others				
4. EMERGENCY DETAILS				
Please list 2 people whom we can contact in the event of an emergency e.g. neighbour or relative)				
Name Mr./Mrs/Miss	Surname	First Name		
Address				
POST CODE				
Telephone Numbers:				
Home:	Mobile:	Work:		
Relationship (e.g. neighbour / relative)				
Name Mr./Mrs/Miss	Surname	First Name		
Address				
POST CODE				
Telephone Numbers:				
Home:	Mobile:	Work:		
Relationship (e.g. neighbour / relative)				
5. BROTHERS / SISTERS ETC LIVING AT THE SAME ADDRESS				
Name	Date of Birth	Girl / Boy	Relationship	
6. SCHOOL HISTORY				
Name of School	Start Date	End Date	Reason for Leaving	
7. Ethnicity please tick one box	White British	White Irish	White Traveller or Irish	White Gypsy Roma
Any other White background	White and Black Caribbean	White and Black African	White & Asian	Any other mixed Background
Asian or Asian British (Indian)	Asian or Asian British Pakistani	Asian or Asian British Bangladeshi	Any other Asian Background	Black or Black British Caribbean
Black or Black British - African	Any other Black Background	Chinese	Any other Ethnic Background	Refused

8. HOME LANGUAGE(S)		
Language	Speaks	Reads
Refugee Yes / No	Asylum seeker Yes / No	Country
Religion	Special Dress requirements Yes / No	
Parent/ Carers home language	Translator Yes / No	
Signed		Date:

Holiplay Preschool – additional admission information

Daytime / employment / college information for primary carers (who to contact and where)		
Name:	Days and times:	Address and telephone:
Parent / Carer 1		
Parent / Carer 2		
Parent / Carer 3		
Authorised collection details		
Please provide the names of people who are permitted to collect your child from Preschool (staff will not allow children to be collected by anyone that has not been listed).		
Name:	Address and telephone:	Days:
1		
2		
3		
4		

Other Professional Contact Details (GP, Health Visitor, Social Worker, Speech Therapist etc.)		
Agency name:	Address:	Contact numbers:
Doctor / GP		
Health Visitor		
Social Worker (please Specify)		
Other (please Specify)		
Child's Special Requirements		
Does your child have any additional needs? Yes / No		
If yes please give details		
Has your child been admitted to Hospital Yes / No (i.e. for a serious illness or injury)		
If yes please give details		
Does your child have any allergies / medical conditions? Yes / No		
If yes please give details		
Does your child have any dietary requirements? Yes/ No		
If yes please give details (please state if they are medical/religious/preference)		
Any other information we should know about? Yes / no		
If yes please give details		

We may need to share some of this information with the professionals listed on this form with other Merton children's services, so that they can help us provide the support you need. We will otherwise treat your information as confidential and will not share it with any other organisation unless we are required by law, or a person will come to some harm if we do not share it.

Please sign below to give your consent to information being stored and used for the purpose of providing support, as outlined above.

Signature of Parent / Carer.....

Print name

Name of child

Date