



**Summerwood Road,  
Isleworth,  
Middlesex TW7 7QB  
Telephone:  
020 8891 2727  
Fax: 020 8607 9112**

**THIS SECTION FOR OFFICE USE ONLY**

Start Date ..... Class/Year ..... Admission No .....  
UPN ..... B/Certificate .....  
Teacher Welfare Kitchen Attendance Registers  
SIMS UDF EAL USO HSA

Child's Legal Forenames	Date of Birth	Boy / Girl
Forename used (if different)	Home Address	
Child's Legal Family Name		
Family Name used (if different)		
Names of any siblings at Ivybridge Primary School		
Names of other siblings at home	Home Telephone	

Has your child been resident in UK for the past 6 months? If not, when did child enter the UK?	Date	From which country
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Name of Mother: Ms/Mrs/Miss	Are you Employed ?	Occupation
Address	Employer's Name & Address	
Mobile	Work Telephone	
N/I Number	Date of Birth	Working Hours

Name of Father	Are you Employed?	Occupation
Address	Employer's Name & Address	
Mobile	Work Telephone	
N/I Number	Date of Birth	Working Hours

How will your child travel to school (Please circle) WALK / CAR / BUS / CAR SHARE / CYCLE

Are there any special circumstances which may affect your child at school? (e.g. parents' separation / divorce / court orders) Please let us have details and any copies of Court Orders we may be required to enforce.	Name of Person with whom child lives (if different to above) Relationship to Child	
	Does your child have any SEN requirements or agency involvement	
	Mother	Father

Who has Parental Responsibility?			Doctor/Medical Practice name
Who is to receive School Correspondence and Reports			Address
			Telephone

Child's Previous School	Has your child attended any Nursery or Playgroup?
Address	Name
Phone No.	Address
Attended from	Attended from
to	to

Any medical information we need to know? (e.g. allergies, asthma, illnesses, speech/hearing or eyesight problems, eczema etc) Were there any difficulties encountered at birth that we need to know about (premature birth etc)	My child has been immunised against
	..... Date.....
	..... Date.....
	..... Date.....

<b>PLEASE NOTE :</b> WE DO NOT SERVE BEEF OR PORK IN ANY OF THE SCHOOL MEALS AT IVYBRIDGE. WE SERVE CHICKEN, TURKEY AND LAMB WITH HALAL AND NON-HALAL OPTION. WE ALSO HAVE A VEGETARIAN OPTION.	PLEASE DELETE BELOW AS APPROPRIATE
	Can your child eat chicken, turkey or lamb?
	HALAL YES NO
	NON - HALAL YES NO
	Can your child eat fish? YES NO
	Is there any other food that your child cannot eat?

Does your child want Milk <input type="checkbox"/>  A school meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> (Reception, Infants & Juniors only)	Do you want to claim for Free Meals and Milk YES / NO  I am in receipt of Income Support/JSA/Child Tax Credit/Universal Credit/Pension Credit/NASS Support (Please Circle)
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<b>LANGUAGE</b> A child's first language is any language that the child was exposed to as a baby and continues to be exposed to in the home or community. If a child was exposed to more than one language (which may include English) during early development, a language other than English should be recorded, irrespective of the child's proficiency in English.	First language of child (The language your child was first exposed to as a baby)
	First language of parents
	Language(s) spoken at home
	Which language do you <u>read or write</u>
	I do not wish any language information to be recorded <input type="checkbox"/>

**RELIGION** Please circle the category which describes your child's religious background

Baha'i Buddhist Christian Hindu Jain Jewish Muslim Shinto Sikh Zoroastrian No Religion

Other (please specify)

I do not wish my child's religion to be recorded

**ETHNIC ORIGIN OF CHILD**  
 Please complete the attached form with the category which best describes your child's ancestry and/or cultural origins

WHICH COUNTRY WAS YOUR CHILD BORN IN?		I do not wish my child's country of birth to be recorded <input type="checkbox"/>
WHAT IS YOUR CHILD'S NATIONALITY?		I do not wish my child's nationality to be recorded <input type="checkbox"/>
PARENTS' COUNTRY OF ORIGIN	Father	Mother
		I do not wish country of origin to be recorded <input type="checkbox"/>

**EMERGENCY CONTACTS**  
 If your child is taken ill and parents are unavailable, it is ESSENTIAL that we have details of someone we can contact to care for your child. Please inform us IMMEDIATELY if this information needs to be updated.

NAME  ADDRESS  TELEPHONE  RELATIONSHIP TO CHILD	NAME  ADDRESS  TELEPHONE  RELATIONSHIP TO CHILD
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I AGREE (Please tick)

- IF MY CHILD GETS WET OR DIRTY, THE SCHOOL CAN CHANGE HIM/HER INTO SPARE CLEAN CLOTHES
- MY CHILD CAN HAVE ROUTINE MEDICAL CHECKS WHEN THE SCHOOL NURSE VISITS?  
(e.g. hearing, eyesight, teeth etc) (We will always inform you prior to these checks taking place)
- SCHOOL STAFF CAN CHECK MY CHILD'S HAIR IF THEY SUSPECT HE/SHE HAS HEADLICE`
- MY CHILD CAN GO WITH HIS/HER CLASS FOR SHORT WALKS IN THE LOCAL AREA  
(Main school classes only and always accompanied by school staff)
- ON SCHOOL TRIPS, SCHOOL STAFF CAN APPLY SUNCREAM TO MY CHILD, IF NECESSARY

Ivybridge School is part of a group of eight local schools called collaborate (C8). From time to time, the School and C8 publish images of school life in a range of formats including a website, CD-Roms, videos, in Newspapers etc. PLEASE COMPLETE THE ATTACHED FORM TO LET US KNOW IF YOU GIVE PERMISSION FOR YOUR CHILD'S IMAGE TO BE USED IN THIS WAY

SIGNATURE

RELATIONSHIP TO CHILD

DATE

CHILD'S NAME	
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Please tick one of the boxes which best describes child's ethnic origin

INFORMATION SUPPLIED BY (Tick)	Parent/Guardian	Pupil
Afghan	<input type="checkbox"/>	Other Asian <input type="checkbox"/>
Albanian	<input type="checkbox"/>	Other Ethnic Group <input type="checkbox"/>
Arab	<input type="checkbox"/>	Other Mixed Background <input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Pakistani <input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Serbian <input type="checkbox"/>
Black Ghanaian	<input type="checkbox"/>	Sinhalese <input type="checkbox"/>
Black Nigerian	<input type="checkbox"/>	Sri Lankan Tamil <input type="checkbox"/>
Black Somali	<input type="checkbox"/>	Traveller of Irish Heritage <input type="checkbox"/>
Other Black African	<input type="checkbox"/>	Turkish/Turkish Cypriot <input type="checkbox"/>
Other Black Background	<input type="checkbox"/>	White <input type="checkbox"/>
Bosnian-Herzegovinian	<input type="checkbox"/>	White – English <input type="checkbox"/>
Chinese	<input type="checkbox"/>	White – Scottish <input type="checkbox"/>
Croatian	<input type="checkbox"/>	White – Welsh <input type="checkbox"/>
Filipino	<input type="checkbox"/>	Other White British <input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	White Irish <input type="checkbox"/>
Indian	<input type="checkbox"/>	White and Asian <input type="checkbox"/>
Iranian	<input type="checkbox"/>	White and Black African <input type="checkbox"/>
Iraqi	<input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>
Kosovan	<input type="checkbox"/>	
Kurdish	<input type="checkbox"/>	
Lebanese	<input type="checkbox"/>	I do not wish an ethnic category to be recorded <input type="checkbox"/>



**London Borough  
of Hounslow**

Summerwood Road, Isleworth,  
Middlesex TW7 7QB  
Telephone 020 8891 2727  
Fax 020 8607 9112  
Headteacher: Ms Caroline  
McKay

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**To ensure the safety of our pupils, we follow DfE advice, as follows :**

- **Children’s personal details, such as e-mail addresses, home addresses and telephone numbers are never used**
- **We will not identify pupils by name when their image is used and on other occasions will only use first names and school details**
- **Any work produced by the children themselves will be checked by teaching staff before being published, to ensure that individual children cannot be identified or contacted.**

**PLEASE COMPLETE THE FORM BELOW TO LET US KNOW WHETHER YOU ARE HAPPY FOR YOUR CHILD’S PHOTOGRAPH/IMAGE TO BE USED.**

**Ivybridge School**

- I GIVE PERMISSION** for my child’s photograph/image to be used by the School or C8
- I DO NOT GIVE PERMISSION** for my child’s photograph/image to be used by the School or C8

**CHILD’S NAME .....CLASS .....**

**PARENT / GUARDIAN SIGNATURE .....**

**DATE .....**

**If you have any further questions please ask at the school office. More details of how and why your information is used by the school is available in the school privacy notice, available upon request.**