



PUPIL INFORMATION RECORD

STUDENT INFORMATION

Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age:	Date of Birth (dd/mm/yyyy):		
Place of Birth:		Date of entry to UK:	
Home Address:			
Payment Method:	<input type="checkbox"/> Terrific Two's Funding	<input type="checkbox"/> 30 Hours Funding	<input type="checkbox"/> Paid Funding Code: _____
Term Eligible:	<input type="checkbox"/> September	<input type="checkbox"/> January	<input type="checkbox"/> April Start Date: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day

FAMILY INFORMATION

Mother's Name:		
Mother's Address: <input type="checkbox"/> Same as son/daughter, or:		
Home Phone:	Work Phone:	Mobile Phone:
Mother's Email:		
Father's Name:		
Father's Address: <input type="checkbox"/> Same as son/daughter, or:		
Home Phone:	Work Phone:	Mobile Phone:
Father's Email:		
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased		
Student lives with: <input type="checkbox"/> Both parents, same household <input type="checkbox"/> Both parents, different household <input type="checkbox"/> Mother only <input type="checkbox"/> Father only		
Check if applicable: <input type="checkbox"/> Joint custody <input type="checkbox"/> Sole custody mother <input type="checkbox"/> Sole custody father		

ADDITIONAL INFORMATION

Does your child still use nappies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child still have a nap? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does he/she have a comfort item? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who will be the main person collecting?

LEARNING PROFILE

Has your child ever been seen by:

Speech & Language Services

CAMHS

Occupational Therapy

Child Development Team

Educational Psychologist

Enfield Children's Centre

If yes, please provide details:

DIETARY REQUIREMENTS

Does your child have a food allergy or intolerance? Yes No

If yes, please provide details:

HEALTH PROFILE

Does your child have any physical/medical conditions? Yes No

If yes, please provide details:

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Does your child have to take any prescribed medicine during the school day? Yes No

If yes, please provide details:

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Does your child have need to keep any prescribed medication in school for occasional use (eg Asthma inhaler)? Yes No

If yes, please provide details:

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Please provide any additional professional/medical reports or documents.

Please provide your child's passport or birth certificate.

Office use only: Child ID seen Home address confirmed Staff initials _____