



Westfield Primary School
Clayton Crescent
Runcorn
WA7 4TR

Telephone: 01928 572343
Email: sec.westfield@halton.gov.uk
Website: www.westfieldprimaryschool.com

Headteacher: Miss S Pope

Promoting independence, individuality and an inquisitive mind

Pupil Profile (*Confidential*)

Full Legal Name: (This must be the name held on the birth certificate)	
Preferred Forename: (If different to Full Legal Name)	
Preferred Surname: (If different to Full Legal Name)	

Date of Birth:		Gender:	Male / Female	Country of Birth:	
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Address:
Post Code:
Home Telephone Number:

<p>School Correspondence – School Spider</p> <p>All correspondence will be sent our via the school app, School Spider. This can be downloaded from the App Store or Google Play. The app contains lots of important information, dates, parent evenings booking and news items.</p> <p>Contact Name: _____</p> <p>Email Address: _____</p> <p>Mobile Number: _____</p>
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Previous school / Nursery:	
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If there is an older brother or sister in the school, please give their name and present year group:
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Emergency Contacts

Name	Address	Contact Number	Other
			Relationship to child Permission to collect child from school <input type="checkbox"/> Consent given to pass this personal data to Office <input type="checkbox"/>
			Relationship to child Permission to collect child from school <input type="checkbox"/> Consent given to pass this personal data to Office <input type="checkbox"/>
			Relationship to child Permission to collect child from school <input type="checkbox"/> Consent given to pass this personal data to Office <input type="checkbox"/>
			Relationship to child Permission to collect child from school <input type="checkbox"/> Consent given to pass this personal data to Office <input type="checkbox"/>

Please list names of Legal Guardians and tick box if you have Legal Parental responsibility:

Mother's/Carer's Full Name: _____

Father's/Carer's Full Name: _____

As a result of the 1989 Children's Act, you are asked to give the name and address of anyone else who has parental responsibility for your child. (e.g. as a result of a separation or divorce etc.). All those with such a responsibility are now entitled to receive information from the School if requested.

Name _____

Name _____

Address _____

Address _____

Relationship _____

Relationship _____

PLEASE TICK ONE BOX FOR LUNCH TIME ARRANGEMENTS

Free School Meals Packed Lunches Paid School Meals

Religion:

Denomination:

Ethnicity:

Home Language:

Medical Information

Name of Doctor:	
Name of Doctor's Surgery:	
Doctor's address:	
Doctor's telephone number:	
Does your child have any medical conditions that the school needs to be aware of (including hearing, eyesight, asthma, allergies, etc.)?	

PARENTS / CARERS

Due to safeguarding issues in other areas, we have added this section to gather information that is required when a child is registered in any education setting and as part of annual updates to records. Any information revealed will be securely stored in the Office and will be filed as Private & Confidential. If you prefer not to put details on this form, you can speak to our Family Support Worker in confidence.

Do you have any health issues that may be relevant to the care of your child?

Is there any information that school would need to know in advance that would be relevant when responding to an emergency?

Parental Permission

Child's Name:

Year:

Photography *(For legal reasons it is a requirement by the LEA to complete the following)*

I hereby give / do not give permission for my son / daughter to be photographed by the local press or appropriate agency.

Signed: Dated:

Professional School Photographs *(For legal reasons it is a requirement by the LEA to complete the following)*

I hereby give / do not give permission for my son / daughter to be photographed by the Professional Photographer hired by school to take individual & class photographs.

Signed: Dated:

Website *(For legal reasons it is a requirement by the LEA to complete the following)*

I hereby give / do not give permission for school photographs with my son / daughter on to be used on the Westfield website. **When we use children's photographs, we do NOT add their names.**

Signed: Dated:

Social Media *(For legal reasons it is a requirement by the LEA to complete the following)*

I hereby give / do not give permission for school photographs with my son / daughter on to be used on Social Media (i.e. Facebook) in connection with Westfield Primary School. **When we use children's photographs, we do NOT add their names.**

Signed: Dated:

Off-Site Visits

During the course of the year, your child will be taking part in a number of off-site local visits. Venues might include for example other schools, the Fire Station and Heath Park.

I hereby give/do not give permission for my Son/Daughter to participate in local off-site visits.

Signed: Dated:

If any of the details on this form change or you wish to withdraw your consent at any time you can do so by contacting Mrs Shepherd on 01928 572343 or sec.westfield@halton.gov.uk

Signed: _____ Print Name: _____ Date: _____

SCHOOL USE ONLY Date updated on SIMS: _____