

**Student Information Form**

**To be completed by Parent/Carer.**

**Student Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of Birth** |  |
| **Gender** |  | **Ethnicity** |  |
| **First language** |  | **Nationality** |  |
| **Current School Year** |  | **Religion** |  |
| **Address** | | | |

**Parent / Carer / Responsible Person Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | |  | | |
| **What is their relationship to the student?** | |  | | |
| **Address** | |  | | |
| **Tel. No.** |  | | **Email** |  |

**Emergency Contact Numbers**

|  |  |  |
| --- | --- | --- |
| **Alternative Contact 1** | **Name/Relationship:** | **Tel. No.** |
| **Alternative Contact 2** | **Name/Relationship:** | **Tel.No.** |

**Medical Needs**

|  |  |
| --- | --- |
| **Medical** |  |
| **Known Allergies** |  |
| **Dietary Requirements** |  |
| **Accessibility Issues** |  |

1. **SEND Profile**

|  |  |  |
| --- | --- | --- |
| Does the student have additional social/behaviour/learning needs as well as EAL? | YES / NO  If yes, please give details | |
| **Does the student have a specific diagnosis or EHCP?**  (e.g. ADHD, ASD, Epilepsy, Dyslexia) | YES / NO  If yes, please give details |  |
| **Does the student already have a Risk Assessment in place?** | YES / NO | If yes, please attach |

1. **Social Profile**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Is the student/family open to social care?** | | | YES / NO | | If yes, please provide contact details | |
| **Social Worker Name** |  | | | **Tel. No** | |  |
| **Name of other key professionals** |  | | | **Tel. No.** | |  |
| **Known Issues** | | **Support in place** | | | | |
|  | |  | | | | |

Parent/Carers Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Carers Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_