

NEWBRIDGE JUNIOR SCHOOL

This information will be held on computer in the school for administrative purposes only. Please ensure the school is notified of any changes

SURNAME _____	LEGAL NAME (If different) _____
FORENAMES _____	
ADDRESS _____	POST CODE _____
HOME TEL NO _____	DATE OF BIRTH _____
LANGUAGE SPOKEN AT HOME _____	RELIGION _____

NAME OF MOTHER/GUARDIAN _____	
ADDRESS (if different from above) _____	
PLACE OF BIRTH _____	PLACE OF WORK _____
WORK TEL NO _____	MOBILE NO _____
EMAIL _____	

NAME OF FATHER/GUARDIAN _____	
ADDRESS (if different from above) _____	
PLACE OF BIRTH _____	PLACE OF WORK _____
WORK TEL NO _____	MOBILE NO _____
EMAIL _____	

If the nature of your occupation makes a daytime contact difficult, please give name, relationship, telephone and location of two people who may be contacted in any emergency.

NAME	RELATIONSHIP	TEL NO	ADDRESS
1 _____	_____	_____	_____
2 _____	_____	_____	_____

NAME OF FAMILY DOCTOR/PRACTICE _____	
ADDRESS _____	TEL NO _____
Does your child have asthma? YES/NO	
(If yes, they must have an inhaler on them in school and a spare for the classroom. Please ensure both are named)	
Does your child have any other medical conditions which you wish the school to be aware of? YES/NO	
If YES to either of the above questions please give details of any medication that may be taken.	

During the course of the year pupils will have the chance to visit immediate local areas eg New Road, St Mary's Church and the Carnegie Library. On occasions they may be involved in food tasting.

It is necessary to have your permission for these activities. Please complete the permission slip below giving any details of food allergies etc that your child may have.

Letters will be sent home for permission for other activities.

PERMISSION

Child's Name _____

Please tick boxes below

I give permission for my child to visit the local area under supervision.

I give permission for my child to take part in food tasting under supervision

My child is allergic to the following foods and should not under any circumstances eat them or touch them.

I undertake to inform the school if my child develops any allergies in the future.

I give permission for my child's photograph to be taken which may be used for publicity purposes.

Is your child a member of a Service family?

YES/NO

Please indicate to which of Her Majesty's Services _____

Signed _____
(Parent/Guardian)

Date _____

The information you have provided includes "sensitive data" as defined under the Data Protection Act. Portsmouth City Council will use this information for the purpose of "Education". However, if you agree, we can also use it for other purposes covered by our notification to the Information Commissioner, for example to improve services to customers. In this case, the information will only be used by the council and will not be given to anyone else unless we have to by law. If you **do not agree** to us using the information for other purposes, please tick the box.