

# School Information Form

*Personal Information [Pupil]*

*\*delete as appropriate*

Surname	
First Name	
Other Name[s]	
Preferred Name	
Sex:            Male                                  Female	Date of Birth:
Religious Affiliation:	Nationality:
Address:	
	Post Code:
Home Telephone Number [including code]:	<input type="checkbox"/> ex-
directory	
Work Telephone Number [including code]:	
Mobile Number:	

*Contact Information [Parents/Guardian]\**

Full Name of Father/Guardian:	
Address if different from Pupils:	
	Post Code:
Home Telephone Number [including code]:	<input type="checkbox"/> ex-directory
Work Telephone Number [including code]:	Extension _____
Mobile Number:	
Day Place Details:	
In an Emergency this person should be contacted:	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>

Full Name of Mother/Guardian:	
Address if different from Pupils:	
	Post Code:
Home Telephone Number [including code]:	<input type="checkbox"/> ex-directory
Work Telephone Number [including code]:	Extension _____
Mobile Number:	
Day Place Details:	
In an Emergency this person should be contacted:	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>

*Contacts [if parents/guardian unavailable, only complete if necessary]*

Full Name:	
Address:	
	Post Code:
Home Telephone Number [including code]:	<input type="checkbox"/> ex-
directory	
Work Telephone Number [including code]:	Extension _____
Mobile Number:	
Day Place Details:	
In an Emergency this person should be contacted:	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>

<b>Brother/Sister attending the School:</b>		
<b>Name:</b>	<b>Class:</b>	<b>Teacher:</b>

*School Records:*

<b>Previous School:</b>
<b>Reception:</b>
<b>Nursery:</b>
<b>Play-group:</b>

*Medical Information:*

<b>Full Name Doctor:</b>	
<b>Surgery Address:</b>	
	<b>Post Code:</b>
<b>Telephone Number [including code]:</b>	<b>Extension</b> _____

*Specific Medical Problems*

*It is important to provide details of any serious medical condition, illness or allergy.*


*School Meals*

<b>Meal Arrangements (Circle appropriate choice)</b>		
<b>Free School Meal</b>	<b>Paid School Meal</b>	<b>Sandwiches</b>
<b>Eligible for Free Meals Yes/NO</b>		

**Sure Start Information only required for Pupils in Year 1**

<b>Date of Registration (where applicable):</b>
<b>Date of Attendance (where applicable):</b>

**Parents Signature/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NB: Please keep school notified if there is any change of information.**

Carrick Primary School  
Photography and the Use of Images  
Parental Consent Form

Dear Parent(s) / Guardian (s)

During your child's time in Carrick, there may be opportunities to publicise some of the activities in which your child is involved. This may involve photographing the children for our own purposes, including using images in the local media. These may also be used for our school records and/or in printed publications. The photographs/digital images may also be included on the school's website and in school displays. The use of such images can be motivating for the children involved, and provide a good opportunity to promote the work of the school.

Photography will only take place with the permission of the child's parents and the Principal, and under the supervision of a member of staff. Any use of images by Carrick Primary School is underpinned by the school's Child Protection Policy and Code of Conduct and all photographs and images will be taken and used in accordance with the school's policies, which require staff to exercise their professional judgement regarding the suitability of images and their use.

Before taking any photographs of your child, we require your consent. Please complete, sign and date this form. If at any time a specific use causes concern, you may withdraw your consent by informing the school in writing.

<b>Child's Name (Block Capitals):</b>	
<b>Class:</b>	
<b>Class Teacher:</b>	
<b>Name of Parent/Guardian:</b>	

I understand that photographs and digital images taken of my child will be used only for educational purposes and may be used as follows:

- In printed publications;
- On the school's website;
- By the local media in covering school activities which portray the school and children in a positive light;
- By photographers acting on behalf of the school for use in displays and in the school's publicity material; and/or
- For archive material.

I acknowledge that the images may also be used in and distributed by other media, as part of the promotional activities of the school.

Having read the information above, please indicate below whether or not you give permission for photographs or other digital images to be taken and used for school purposes. Please tick below, sign and return this form to your child's class teacher.

I give my consent for photographs and/or digital images to be taken and used for school purposes.

or

I do not give my consent for photographs and/or digital images to be taken and used for school purposes.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Carrick Primary School**  
**Intimate Care**  
**Parent/Carer Permission Form**

- It is the policy of Carrick Primary School to involve the child in their intimate care and to try to promote the child's independence as far as possible in relation to his/her intimate care.
- Where a child has "wet" him/herself, he/she will be discreetly accompanied to the toilet by two staff members. The child will be afforded the opportunity to change privately into the underwear provided. Underwear is available from the class teacher/general store and does not need to be returned. The child's parents/ carers will be informed privately.
- Where the child requires more intimate care (e.g. soils him/herself), the parent/carer will be contacted immediately and asked to come to school to assist the child or to take him/ her home. The child will be reassured while awaiting the arrival of his/her parent/carer. The parent will be reassured that the child will be well cared for while awaiting the arrival of the parent/carer.
- We will treat every child with dignity and respect and at all times will ensure privacy appropriate to the child's age and situation. We will try to involve the child in his/her own intimate care and will try to promote the child's independence, as far as possible, in relation to his/her intimate care. We will endeavour to ensure that our practice in intimate care is consistent and respects the dignity of each child. A record of the intimate care given will be recorded and parents/ carers will be notified.

I have read the above Intimate Care Policy and Procedures and agree to their implementation, if required.

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent's/ Carer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_