



St Teilo's Catholic Primary School
Greenhill Road
Tenby
Pembrokeshire
SA70 7LJ
Tel: 01834 843995
Email: admin.stteilos@pembrokeshire.gov.uk

IMPORTANT Please read, complete and sign every section

Information marked with an * is a requirement of the Pupil Level Annual School Census (PLASC) – visit <https://statswales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Schools-Census/Pupil-Level-Annual-School-Census> for further information.

STUDENT INFORMATION FORM

PERSONAL DETAILS *note: name must be that recorded on birth certificate/passport*

LEGAL SURNAME*
(as appears on birth certificate) _____

KNOWN SURNAME _____

FORENAMES* _____

CALLED NAME _____

ADDRESS _____

POSTCODE* _____

IS THERE INTERNET ACCESS AT THIS ADDRESS? YES / NO

DATE OF BIRTH* _____

GENDER* MALE / FEMALE

HOME TELEPHONE NO: _____

STUDENT MOBILE NUMBER: _____

Parent/Guardian 1 **In an emergency, should we call**
1st / 2nd / 3rd / 4th (circle one only)

Title _____ Surname _____

First Name _____

Relationship to Pupil _____

Legal Guardian Yes / No Resides with Pupil Yes / No

Please give details below of someone else who could be contacted in an emergency (e.g. grandparents, relative, friend or neighbour)

Please make sure they have given permission for you to put their information on this form.

Other Contact **In an emergency, should we call**
1st / 2nd / 3rd / 4th (circle one only)

Title _____ Surname _____

First Name _____

Relationship to Pupil _____

Legal Guardian Yes / No Resides with Pupil Yes / No

ADDRESS

POSTCODE _____

E-MAIL ADDRESS _____

HOME TELEPHONE NUMBER _____

MOBILE NUMBER _____

WORK TELEPHONE NUMBER _____

Other Contact
In an emergency, should we call 1st / 2nd / 3rd / 4th (circle one only)

Title _____ Surname _____

First Name _____

Relationship to Pupil _____

Parental Responsibility Yes / No Resides with Pupil Yes / No

ADDRESS

POSTCODE _____

E-MAIL ADDRESS _____

HOME TELEPHONE NUMBER _____

MOBILE NUMBER _____

WORK TELEPHONE NUMBER _____

ABILITY TO SPEAK WELSH*

1. Can your child speak Welsh? YES Please complete Questions 2 and 3
NO
2. Fluency in Welsh (only answer these questions if you answered Yes to question 1)
- a) My child speaks Welsh fluently b) My child speaks Welsh but not fluently
3. Does your child speak Welsh in the home? YES NO

I do not wish the information regarding Welsh language to be recorded

4. Was the language first learned by your son/daughter as a small child English and/or Welsh? Yes No
5. If the first language your child learnt **was not** English and/or Welsh, what was the first language they learnt? (Your child may still be using this language at home or in your community).
- _____

I do not wish information regarding the first language my child learnt to be recorded

ADDITIONAL INFORMATION

1. Do you think your child is eligible for free school meals? Yes No
2. Does your child travel by school transport? Yes No
3. Is your child entitled to a free bus pass? Yes No
4. Is your child a young carer? Yes No
5. Do you consider your child to have any particular difficulties in school? _____
- _____
6. Do you consider your child to have any special talents? _____
- _____
7. What hobbies/interests does your child have? _____
- _____
8. Does your child play a musical instrument? If so, which and to what grade? _____
- _____
9. What is your child's religion? _____

I do not wish the information regarding my child's religion to be recorded

Name of Previous School(s)	Dates attended	Address	Tel no

NATIONAL IDENTITY*

Your child's national identity relates to one of the groups listed below that he/she most identifies with. Please tick **one** box only

- Welsh
- English
- Scottish
- Irish
- British
- Other Please Specify: _____

I do not wish my child's national identity to be recorded

Inclusion in school Management Information System (MIS)

Please note that a photograph of your child is used for identification purposes only by the School and the Local Authority. This is because we have a duty to safeguard your child's safety and wellbeing whilst at School. An example of this would be in cases where a child has a food allergy/intolerance or a special medical condition, whereby all staff would need to be aware of this to ensure your child's safety. The lawful bases we rely on here is public task, legal obligation or vital interest.

Photos and/or video of an education activity

Please note that there will be occasions where photos and/or videos are required for a record and/or assessment purposes. This is for use by the School and would be shared with an examination body when requested by law to do so.

Consent

I agree that photographs and videos taken by the school may be used for following purposes:

	I give consent	I do not give consent
Class or School photo	<input type="checkbox"/>	<input type="checkbox"/>
Please note that this may be displayed in the school and/or used for publicity		
Photos and/or video for publicity and social media	<input type="checkbox"/>	<input type="checkbox"/>

Note: you have the right to withdraw consent for the school to capture images/video at any time based on class and school photos or those used for publicity and social media. Please contact the school should you wish to do so in order that we can implement your request.

Parent/guardian signature: _____

PRINT NAME IN BLOCK CAPITALS _____

Date: _____

Please visit the Privacy Notice for St Teilo's Catholic Primary School at <http://saint-teilos.co.uk/wp-content/uploads/2020/05/St-Teilos-Catholic-Primary-School-Privacy-Notice.pdf>