

The information on this form is covered by the Data Protection Act and will not be passed on to any organisation unconnected with the educational needs of your child. You are welcome to view this information that we hold.

Date of interview:

Start date:

Student Information

| | | | |
|--|--|-----------------------|---------------------|
| UPN Number: | | Form/Class Allocated: | |
| Surname | | | |
| Forename(s) | Please underline the name by which the child would like to be called | | |
| Student's Date of Birth (DD/MM/YY) | | Gender (F/M) | |
| Student's Current Permanent Address | | | Post Code |
| Home Phone Number | | | |
| Mother/Carer's Name | | | |
| Mother/Carer's Work Number | | Occupation | |
| Mother/Carer's Mobile Number | | | |
| Father/Carer's Name | | | |
| Father/Carer's Work Number | | Occupation | |
| Father/Carer's Mobile Number | | | |
| Mother/Carer's E-mail Address | | | Circle Main contact |
| Father/Carer's E-Mail Address | | | |
| Emergency details if above not available Must not be the parent/carer | Name and relationship to student | Home: | |
| | | Mobile: | |
| How will your child usually travel to this school? | Walk / Car / Underground / Bus | | |

Medical Information

| | | |
|-----------------------|--|----------|
| Doctor's Name | | |
| Doctor's Address | | Postcode |
| Doctor's Phone Number | | |

| | |
|--|----------|
| Does your child have any Medical Condition? e.g. Asthma | Yes / No |
| If yes, please give details of the condition. For example, how often is medication taken or outpatient information | |
| Do they have any allergies | Yes / No |
| If yes, please give details | |
| Special Medical requirements? (e.g. inhaler, epi-pen etc) | |

Sibling Information

List any family member already attending Alperton Community School

| Name | Relationship | Year Group |
|------|--------------|------------|
| | | |
| | | |
| | | |

Name & Address of previous school and dates attended

| | | | | | |
|---|--------------------|--|--|----------|--|
| Name of School | | | | | |
| Address of School | | | | | |
| Borough / LA | | | | Postcode | |
| Dates Attended | From: | | | To: | |
| Has not been in an Educational Provider | Yes / No (details) | | | | |

Special Educational Needs Code of Practice Stage (please tick)

| School Action | School Action Plus | Educational Healthcare Plan | None |
|---------------|--------------------|-----------------------------|------|
| | | | |

KS2 / KS3 / KS4 results as applicable or Teacher assessment

| | English Reading | English Writing | Mathematics | Science |
|---|-----------------------------|-----------------|-------------|---------|
| Working at greater depth at the expected standard | | | | |
| Working at the expected standard | | | | |
| Working towards the expected standard | | | | |
| KS2 Score (if known) | | | | |
| Language studied in previous school | | | | |
| Your child will be allocated to study one of the following languages: | FRENCH / SPANISH / GUJARATI | | | |

| | |
|---|----------|
| Do you have a working computer at home? | Yes / No |
| Do you have access to the Internet? | Yes / No |

| | |
|--|--|
| What clubs or activities does your child participate in outside of school? | |
| Does your child play a musical instrument and at what standard? | |
| Please note any particular weakness of your child (e.g. reading, writing, maths) | |

| | |
|---|----------|
| Has your child ever been excluded from school? | Yes / No |
| If yes then please give details: | |

| | |
|--|----------------------------|
| Lunchtime Arrangements | School Meal / Packed lunch |
| Have you been entitled to claim Free School Meals within the last 6 years? | Yes / No |
| Is your child on the pupil premium register | Yes / No |

Main DCSF Codes for Ethnicity please tick

| | | | |
|-------------|----------------------------|-------------|-----------------------------------|
| AOTH | Any other Asian background | WIRI | White: Irish |
| ABAN | Bangladeshi | WIRT | Traveller: Irish Heritage |
| AIND | Indian | WROM | Gypsy/Roma |
| APKN | Pakistani | MWBA | Mixed: White/Black African |
| BCRB | Black Caribbean | MOTH | Mixed: Any other mixed background |
| BAFR | Black - African | MWAS | Mixed: White/Asian |
| BSOM | Black - Somalia | MWBC | Mixed: White/Caribbean |
| BOTH | Any other Black background | CHIN | Chinese |
| WOTH | Any other White background | NOBT | Info not obtained |
| WBRI | White: British | OOTH | Any other ethnic background |

Cultural Details

| | |
|---|--|
| What is the main language spoken at home? | |
| What is the main language your child can speak? | |
| What is the main language your child can write? | |
| What religion do you follow? | |
| County of birth | |
| Nationality | |

Other information:

Use this space to add any other relevant information

Cont ..

| |
|--|
| |
|--|

For school Use Only

Have the following been produced, verified and copied?

| | |
|--|--|
| Passport nationality | |
| Passport number | |
| Passport expiry date | |
| VISA Status | Refugee: Y/N Indefinite leave to remain: Expiry date: N/A |
| Birth certificate | Seen and copied Y/ N |
| Proof of address Bank Statement, council tax bill or utility bill | Seen Y/ N |

For Office Use

Have the following departments been contacted with relevant information?

| | Yes | No |
|-----------------------------------|------------|-----------|
| Medical Requirements | | |
| SEN | | |
| Outside agency involvement | | |
| EAL | | |
| MAT | | |
| PASTORAL | | |
| PP | | |
| MFL ALLOCATION | | |

Signed: _____

Dated: _____

Interviewed by: _____