



# Sneinton St Stephen's C of E Primary School

## Pupil information and Local permission

### PUPIL DETAILS

Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Home Telephone \_\_\_\_\_

Date of birth \_\_\_\_\_ Religion \_\_\_\_\_

Ethnicity \_\_\_\_\_ Home Language \_\_\_\_\_

Entitled to Free School Meals Yes/No

### PARENT/CARER DETAILS

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact telephone number \_\_\_\_\_

*Address if different from above*

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact telephone number \_\_\_\_\_

*Address if different from above*

### EMERGENCY CONTACT 1

Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACT 2

Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Known medical conditions** (including allergies, asthma and regular medication)

**DIETARY NEEDS** (vegetarian, gluten free etc)

**SPECIAL EDUCATIONAL NEEDS**

**Additional Comments**

Signed

Date

## PHOTOGRAPHIC/VIDEO IMAGE CONSENT

Sneinton St Stephen's Primary has a school website which will include photographs and video clips of children during school activities. From time to time photographs may also be taken for local newspapers, approved organisations and educational magazines. By signing this agreement you are giving consent to the full use of photographic and video material being used. **If you do not wish for your child to have photo consent please tick the box below.**

I have read and understood the above information and **give permission** for the use of images and video material for my child.

I have read and understood the above information and **do not give permission** for the use of images and video material for my child.

## LOCAL TRIP PERMISSION

As part of our enriched curriculum, we often take the children on visits within the local community or within walking distance of the school. These visits may include local places of worship, swimming, ice skating, local sporting events at partner schools or trips to the cinema.

We are requesting permission to take your child on local visits without further written consent throughout the academic year. Class teachers will always inform parents/carers in advance of planned local visits. However, permission will still be requested for those visits outside of the local area or across the city centre.

I give permission for \_\_\_\_\_ to leave the school premises under the supervision of a school member of staff. I understand that I am consenting to local visits which do not incur expense.

I do not give permission for \_\_\_\_\_ to attend local visits without further consent.

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



**Sneinton St Stephen's C of E Primary School**

Windmill Lane, Sneinton, Nottingham NG2 4QB  
admin@sneinton.nottingham.sch.uk

**0115 915 1370**

**Headteacher:** Mrs R Meredith

**Head of School:** Mrs K Lee

**Chair of Governors:** Mr Vernon Lloyd