

HOUNSLOW

Home Authority if Out-Borough Resident:

The William Hogarth School

Registered forenames:

Family/Surname:

Middle name:

Preferred name (if applicable)

Pronunciation:

Any change of name:

Date of birth:

Age (in years) on first starting school:

Boy/Girl (circle)

Date birth certificate/passport seen
(Please bring original to school office)

Home Address:

Postcode:

Telephone:

Parent/Adult Contacts:

Name:

Relationship:

Address:

Home Telephone:

Work Telephone:

Mobile:

Email:

Name:

Relationship:

Address:

Home Telephone:

Work Telephone:

Mobile:

Email:

Sex (M/F), Date of Birth, names of other children in the family:

Younger siblings:

Elder siblings:

Has child attended: Play/Parent & Toddler Group – Yes/No

Previous Schools/Nurseries:

Dates of Attendance

Name & Address of School

First language of child:		
First language of parents:		
Language(s) spoken at home:		
If child attends a community language class, specify: Language: _____ Number of times per week: _____		
Ethnic Origin:		Religion:
Country of Origin:		
If not resident in UK for past 6 months, please state country arrived from and date of entry to the UK:		
Have you settled in the Chiswick area permanently or are you here on a temporary basis? How long do you expect to be here? Please tick as appropriate: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>		
Length of time expected to be in Chiswick?		
Occupations of parents/carers and date of birth		
Parent/Carer 1	Parent/Carer 2	
Date of birth	Date of birth	
Do you claim tax credits, working tax credits, Job Seekers allowance, income support or any income related employment and support allowance? Please specify:	National Insurance Number	
Other agency involvement (Medical, SENSS, CLS, SPS, inc Statement)		
Date:	Agency:	Comment:
1.		
2.		

Signed.....Date.....

CHILD'S NAME _____ **CLASS**

Please tick one of the boxes which best describes your child's ethnic origin and state who filled it in at the bottom of the form.

White British – English	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White British – Scottish	<input type="checkbox"/>	Sinhalese	<input type="checkbox"/>
White British – Welsh	<input type="checkbox"/>	Sri Lankan Tamil	<input type="checkbox"/>
Other White British	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black Carribean	<input type="checkbox"/>
White Traveller of Irish Heritage	<input type="checkbox"/>	Black Nigerian	<input type="checkbox"/>
White Gypsy/Roma	<input type="checkbox"/>	Black Ghanaian	<input type="checkbox"/>
White Albanian	<input type="checkbox"/>	Black Somali	<input type="checkbox"/>
White Bosnian-Herzegovinian	<input type="checkbox"/>	Other Black African Background	<input type="checkbox"/>
White Croatian	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
White Kosovan	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Serbian	<input type="checkbox"/>	Afghanistani	<input type="checkbox"/>
Turkish/Turkish Cypriot	<input type="checkbox"/>	Arab other	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Filipino	<input type="checkbox"/>
Mixed Dual: White and Black Caribbean	<input type="checkbox"/>	Iranian	<input type="checkbox"/>
Mixed Dual: White and Black African	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>
Mixed/Dual: White and Asian	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>	Lebanese	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>		

I do not wish an ethnic background category to be recorded

Please tick to indicate your child's usual Mode of Travel to School	
WLK	Walk
CYC	Cycle
CAR	Car/Van
CRS	Car Share (with a child/children from a different household)
PSB	Public Service Bus
DSB	Dedicated School Bus
BNK	Bus (type not known)
TXI	Taxi
TRN	Train
LUL	London Underground
MTL	Metro/Tram/Light Rail
BDR	Boarder - not applicable
OTH	Other

OFF-SITE ACTIVITIES

During the year your child will probably take part in activities that take place away from school as part of his/her class work. For trips away from our immediate locality that involve the use of transport, we will seek your permission on each occasion. However, there may be times when it is appropriate to take your child out for local trips. In these instances it may not be practical to seek written permission and, therefore, we would be grateful if you would kindly complete the slip below and return it to your child's class teacher confirming your permission to take your child out of school on these occasions.

CHILD'S

NAME.....CLASS.....

I GIVE PERMISSION FOR MY CHILD TO TAKE PART IN SUPERVISED ACTIVITIES THAT TAKE PLACE OUTSIDE SCHOOL, BUT WITHIN THE GENERAL LOCALITY.

SIGNED

(parent/carer)

DATE.....

Child information sheet

Child's name _____

Class _____

My child's dietary requirements:	Please tick food types children can eat
None, can eat anything	
Halal Only	
Vegetarian	
No meat, can eat fish	
Not allowed to eat halal	

Any other requirements:

Photographs

Throughout the year on occasions the children are involved in activities that we photograph and submit to the local press, outside agencies, school website and internal newsletters.

Please sign below to give permission for your child to be photographed.

I give permission for my child's _____ photograph to be used.
(Name of child)

Signed _____
(parent/carer)

I **do not** want my child _____ photograph to be used.
(Name of child)

Signed _____
(parent/carer)

WILLIAM HOGARTH SCHOOL

Emergency Contact



It is important that we are able to contact you or a relative or friend in case of an emergency. Can you please fill in the information below and return it to the office as soon as possible.

.....
Name of Child Date of Birth

Home Address

.....

..... Telephone No.....

Name of GP

Address

.....

..... Telephone

Please state if there are any allergies or other medical condition

.....

.....

EMERGENCY CONTACT 1

EMERGENCY CONTACT 2

Name..... Name.....

Relationship..... Relationship.....

Address..... Address.....

.....

Telephone No..... Telephone No.....

Please let the school office know immediately if any of the above information changes as it is very important we have the correct information