



80 Gayton Road, Harrow, HA1 2LS 0204 518 5222

admin@harmonyprimaryschool.co.uk

Pupil Information & Enrolment Form (PIF)

All information will be treated as confidential to the school - PLEASE PRINT CLEARLY

| Legal Surname: | Legal Forename(s): |
|---|---|
| Middle Name: | Date of Birth: / / |
| Childs position in family: 1 2 3 4 5 | Sex: Boy Girl |
| Address: | |
| Post Code: | Home Telephone No: |
| Parent(s)/Legal Guardian(s) with whom the child lives We are required to record the names and addresses of every person who has paren | tal responsibility for the child under the Children Act |
| Name: Mr Mrs Ms | Name: Mr Mrs Ms |
| Date of Birth: / / | Date of Birth: / / |
| Relationship: Mother Father Guardian | Relationship: Mother Father Guardian |
| Address: | Address: |
| | |
| Home: | Home: |
| Mobile: | Mobile: |
| Work: | Work: |
| Email: | Email: |
| Does this individual have parental responsibility? Yes No | Does this individual have parental responsibility? Yes No |
| In case of illness or accident, please provide additional en | nergency contact numbers. |
| Contact 1 Name: | Contact 2 Name: |
| Relationship: | Relationship: |
| Preferred Number: | Preferred Number: |
| Work / Mobile: | Work / Mobile: |
| Is the child legally 'In Care'? If 'YES' please provide the followard Contacts in Case of Emergency | lowing information: |
| Carer's name: | Social Worker's name: |
| Address: | Address: |
| | |
| Telephone Number: | Telephone Number: |
| Please write any further information you may wish to give about (including court orders, access and contact) | out your child or family circumstances: |
| | |
| | |
| | |
| Signature: (parent/carer): | Date: |
| | |

| Child's Doctor's Name: | | | | | |
|--|------------|---|---|-----------------------|------------------------------|
| Surgery Address: | | | | | |
| Telephone Number: | | | | | |
| | | | | | |
| Is your child on any medication? Yes No | | | Is your child Underg | going any medical t | treatment at present? Yes No |
| If 'Yes' please specify: | | If 'Yes' please give | details: | | |
| Additional Health & Medical Information | | | 1 | | |
| Does your child suffer from any of the following: Asthma Epilepsy Hearing Impairment Visual Impairment Sickle Cell Fits, Convulsions, Blackout Hay fever Eczema/Psoriasis Allergies Diabetes | Yes | No | Please provide fur | · | |
| Does your child require an inhaler? | | | Please provide det | ails if the answer is | s yes |
| Does your child require regular injections? | | Please provide details if the answer is yes | | | |
| Does your child require an EpiPen? | | | Please provide det | ails if the answer is | syes |
| Does your child have any disabilities? | | | Please provide details if the answer is yes | | |
| Does your child have any other health or medical related needs? | | Please provide details if the answer is yes | | | |
| oes your child have a brother or sister in th | ne school? | If so, j | please state | | |
| Child's Name: | | | Class: | | Year: |
| | | | | Telephone Numb | |

Special Needs

Please advise us of the main way your child will regularly travel to school:

Does your child have any Special Educational Needs: Yes No If 'yes' please state which Special Educational Need/s your child has:

Bus

Walk

Car

Train

Other Information

| Ethnicity: | Home Language Spoken: | |
|---|--|--|
| First Language Spoken: | Mosque Attended: | |
| Is English an additional language? Yes No | | |
| If English is an additional language, what level do you consider your child t | o be at: Fluent Average Poor No English Spoken | |

Signature

Please sign the form in the spaces indicated using your usual signature.

Where Father and Mother both have Parental Responsibility, the form must be signed by both parents.

| Signature of Mother/Guardian: | |
|-------------------------------|--|
| Signature of Father/Guardian: | |

For School Use Only

Please sign the form in the spaces indicated using your usual signature.

| Birth certificate/passport copied | Parent ID copied | School records requested |
|-----------------------------------|------------------|--------------------------|
| New class: | | Start date: |
| Initials: | | Date: |



Data/Forms: Authorisation

New Parents



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0204 518 5222

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| Parental Approvals | | | | | | | |
|--|--------------------|-------------------|-----------------|---------------------|--------------------|----------------------|------------------------------|
| | | | | | | | |
| Name: | | | | Class: | | | |
| Head Lice I agree to a member of the school staf | fchecking my chil | ld's hair should | it be suspected | d that there may b | pe a possibility o | fth e presence of he | ead lice. |
| Signed: (parent/carer): | | | · | <u> </u> | | • | |
| Library Books I am willing for my child to bring a bothe one brought home become lost or damaged while its Signed: (parent/carer): | | school library | and public libi | raries and am prep | pared to make a | contrib ution towo | ards a replacement book shou |
| Parent Helpers We welcome help from parents in scho | ool and would be p | oleased if you co | ould indicate k | pelow if you are av | vailable and wou | ıld liket o come in. | |
| I am able to come and help in school: | Regularly | Occasion | nally | | | | |
| I would like to help with: Hearing | Reading | Cooking | Sporting | Activities | Anything | Fund Raising | Organising Events |
| | | | | | | | |
| Signed: | | | | Date: | | | |

STEP3



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Consent form for use of images

Occasionally members of staff may use images of children in their classroom or elsewhere in the school. The school will not seek parental consent to use images of children solely on school premises; however, if parents do not wish their child's picture to be taken or shown on school premises, they should put this request in writing to the head teacher

| Child's Name: Child's Class: | | | |
|---|--|-------------------|------------------|
| Occasionally, we may take photographs of the children at our school. We may upublications that we produce, as well as on our website. We may also make vide external use. | | | |
| From time to time, our school may be visited by the media who will take photogr Pupils will often appear in these images, which may appear in local or national 1 | | · · | h-profile event. |
| To comply, with various GDPR regulations, we need your permission before we can p questions below, then sign and date the form where shown and return the completed | 0 . | chi ld. Please ar | nswer the |
| May we use your child's photograph in the school prospectus or other printed publications that we produce for promotional purposes? Yes No | | | No |
| May we use your child's image on our website? | | | No |
| Are you happy for your child to appear in the media? | | | No |
| Please note that websites can be viewed throughout the world and not just in the Uniteduse of these photographs are below. I have read and understood the conditions of use below. | d Kingdom where UK lawapplies. Please note | that the condit | ionsfor |
| Parent's or Guardian's | | | |
| Signed: | Date: | | |
| | | | |
| Name (capitals): | | | |
| | | | |

Conditions of use

The school will not seek parental consent to use images of children solely on school premises; however, if parents do not wish their child's picture to ever be displayed or shown on school premises, they should put this request in writing to the principal.

Parents will be allowed to take photographs of their own child after a production or class assembly, but this will be for their own use only.

We will not use the personal details or the full names of any child or adult in a photographic image in our school, on video, on our website, in our school prospectus or in any of our other external printed publications.

We will not include personal e-mail or postal addresses, or telephone or fax numbers in school, on video, on our website, in our school prospectus or in other printed publications. We may include pictures of pupils and teachers that have been drawn by the pupils. We may use group or class photographs or footage with very general labels, such as "a science lesson" or "making puppets".

STEP 4



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Consent form for off-site activities

If you are happy for your child to take part in activities that take place offschool premises and to be given first aid or any necessary medical treatment that may arise during that time, please sign and date the form below.

Please note the following information before signing this form:

The trips and activities this consent covers include:

- All off-site sporting fixtures, whether during or outside of the school day.
- All events where the students have been chosen to represent the school, that take place at other local schools or venues, whether during or outside of the school day.
- Visits to places of interest e.g. post office, library, during normal school office hours which are 8:00am 3:30pm.
- You will be informed when these are taking place but you will not be expected to complete a permission slip each time. You will however be required to inform us in writing if you do not want your child to participate in a particular activity.

Please note: It will still be necessary to get your consent each time if a trip involves adventurous activities or travel to venues that are further afield.

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

| 1 | |
|--|---|
| Child's Name: | Child's Class: |
| PARENT: Igive permission for my child to go on sport events/fixture and other visits arrang such visits if I wish to withdraw my child from that visit then I must inform the school | |
| PARENT/STUDENT: I have read the "Behaviour Expected on Visits" below and agree to folloging on any further visits may be taken away. | low them. We understand that if these guidelines are not followed then the privilege of |
| Parent/Carers Name: | Signature: |
| | |
| Student signature: | Date: |

Behaviour Expected On School Visits

Taking other people's children on excursions is a considerable responsibility. A visit may take many weeks, even months of planning, with much correspondence and involves teachers/organisers in a great deal of work.

We would like the students and the parents to be aware of the work that takes place on their behalf and resolve to minimise difficulties by requesting your cooperation at all times. During a visit students must obey the following rules:

- Follow instruction given by the visit organisers at all times.
- Follow the activities that have been planned for the party and not to attempt to opt out or do something different.
- Avoid noisy, over-excited or attention seeking behaviour.
- Show consideration and courtesy toward members of the public, officials or other guests.
- NEVER go off alone.

Staff will supervise at all times and students are expected to be on their best behaviour so that no problems occur which would spoil the enjoyment of their visit. If a student behaves inappropriately on a school visit he/she may jeopardise his/her place on all other school visits.