



<b>Student Details:</b>			
Legal Surname:		Preferred Surname:	
Legal Forename:		Preferred Forename:	
Middle Name:		Gender:	
Date of Birth:		Reg Group:	
<b>Address and postcode:</b>			
Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.			

<b>Contact details:</b>			
Priority <b>1</b>	Name/relationship:	Address	
		Home phone/mobile no.	
		Daytime no.	
		Email address	
Priority <b>2</b>	Name/relationship:	Address	
		Daytime no.	
		Home phone/mobile no.	
		Email address	
Priority <b>3</b>	Name/relationship:	Address	
		Daytime no.	
		Home phone/mobile no.	
		Email address	

<b>Mode of Travel:</b> Tick the appropriate choice. Where a student uses more than one mode of travel for each journey to school, the longest element of the journey <i>by distance</i> should be recorded. <b>PLEASE TICK ONE BOX ONLY</b>											
<input type="checkbox"/>	Walk	<input type="checkbox"/>	Cycle	<input type="checkbox"/>	Car or Van	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Train	<input type="checkbox"/>	Car Share (with a child/children from a different household)
<input type="checkbox"/>	Dedicated School Bus		<input type="checkbox"/>	Public Service Bus	<input type="checkbox"/>	Bus (type not known)		<input type="checkbox"/>	Other (please state)		

<b>Medical Information</b>											
<b>Doctor/Surgery:</b>											
<b>Address:</b>											
<b>Telephone:</b>											

<b>Disabilities:</b>	
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<input type="checkbox"/>	Free School Meal	<input type="checkbox"/>	Paid School Meal	<input type="checkbox"/>	Sandwiches	<input type="checkbox"/>	Home
<b>Dietary Needs:</b>							

<b>Service Child in Education</b>	Yes/No	<b>Residence Order:</b>	Yes/No
<b>Special Guardianship:</b>	Yes/No	<b>Adopted from Care:</b>	Yes/No

**Data Protection:** In accordance with General Data Protection Regulation and current Data Protection Act, the school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE. For further information, please refer to the Privacy Notice on the school's website.

<b>Signature:</b>
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**FEARNHILL SCHOOL  
ETHNIC BACKGROUND RECORD FORM**



<b>Student's Name</b>		<b>Class/Form</b>	
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*Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history.*

**Ethnic background is not the same as nationality or country of birth.**

*The DfES recommends that those with parental responsibility decide the ethnic background for primary pupils. The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents, or those with parental responsibility, are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.*

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child named above. Please also tick whether the form was filled in by a parent or the pupil.

**(a) White**

- British
- Irish
- Traveller from Irish heritage
- Gypsy/Roma
- Any other White background
- Italian
- Turkish

**(b) Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

**(c) Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

**(d) Black or Black British**

- Caribbean
- African
- Any other Black background

**(e) Chinese**

**(f) Any Other Ethnic Group**

**I do not wish an ethnic background to be recorded**

<b>This information was provided by:</b>	<b>Parent</b> <input type="checkbox"/>	<b>Student</b> <input type="checkbox"/>
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*(Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. The information will also be passed on to future schools to save it having to be asked for again).*

**(Any information you provide will be used solely to compile statistics on the school careers and experiences of students from different ethnic backgrounds, to help ensure that all students have the opportunity to fulfil their potential. These statistics will not allow individual students to be identified. From time to time the information will be passed on to the Local Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. The information will also be passed on to future schools to save it having to be asked for again.)**

<b>Religion:</b>	
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## First Language

A first language other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.

In the case of an older pupil who is no longer exposed to the first language in the home, and who now uses only another language, the pupil or parent can determine which language should be recorded.

### Tick one Box only

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> English<br><br><input type="checkbox"/> Afrikaans<br><input type="checkbox"/> Akan/Twi-Fante<br><input type="checkbox"/> Albanian/Shiqip<br><input type="checkbox"/> Amharic<br><input type="checkbox"/> Arabic<br><input type="checkbox"/> Armenian<br><input type="checkbox"/> Bengali (Sylheti)<br><input type="checkbox"/> Bengali (Any other)<br><input type="checkbox"/> Bosnian<br><input type="checkbox"/> Bulgarian<br><input type="checkbox"/> Caribbean Creole English<br><input type="checkbox"/> Caribbean Creole French<br><input type="checkbox"/> Chaga<br><input type="checkbox"/> Chinese (Cantonese)<br><input type="checkbox"/> Chinese (Hakka)<br><input type="checkbox"/> Chinese<br>(Mandarin/Putonghua)<br><input type="checkbox"/> Chinese (Any other)<br><input type="checkbox"/> Chichewa/Nyanja<br><input type="checkbox"/> Croatian<br><input type="checkbox"/> Czech<br><input type="checkbox"/> Danish<br><input type="checkbox"/> Dutch/Flemish<br><input type="checkbox"/> Estonian<br><input type="checkbox"/> Filipino<br><input type="checkbox"/> Finnish<br><input type="checkbox"/> French<br><input type="checkbox"/> Gaelic/Irish<br><input type="checkbox"/> German<br><input type="checkbox"/> Greek (Cyprus)<br><input type="checkbox"/> Greek (Any other)<br><input type="checkbox"/> Gujarati<br><input type="checkbox"/> Hausa<br><input type="checkbox"/> Hebrew | <input type="checkbox"/> Do not wish First Language<br>to be recorded (Refused)<br><br><input type="checkbox"/> Hindi<br><input type="checkbox"/> Hungarian<br><input type="checkbox"/> Igbo<br><input type="checkbox"/> Icelandic<br><input type="checkbox"/> Italian (Sicilian)<br><input type="checkbox"/> Italian (Any other)<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Kannada<br><input type="checkbox"/> Kashmiri<br><input type="checkbox"/> Katchi<br><input type="checkbox"/> Kikuyu/Gikuyu<br><input type="checkbox"/> Kinyarwanda<br><input type="checkbox"/> Kirundi<br><input type="checkbox"/> Konkani<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Kurdish<br><input type="checkbox"/> Latvian<br><input type="checkbox"/> Lingala<br><input type="checkbox"/> Lithuanian<br><input type="checkbox"/> Luo(Kenya/Tanzania)<br><input type="checkbox"/> Marathi<br><input type="checkbox"/> Malayalam<br><input type="checkbox"/> Malay/Indonesian<br><input type="checkbox"/> Ndebele<br><input type="checkbox"/> Nepali<br><input type="checkbox"/> Pahsto/Pakhto<br><input type="checkbox"/> Pahari(Pakistan)<br><input type="checkbox"/> Panjabi (Gurmukhi)<br><input type="checkbox"/> Panjabi (Mirpuri)<br><input type="checkbox"/> Panjabi (Any other)<br><input type="checkbox"/> Dari Persian<br><input type="checkbox"/> Persian/Farsi (Any other)<br><input type="checkbox"/> Polish | <input type="checkbox"/> British Sign Language<br><input type="checkbox"/> Sign Language (Other)<br><br><input type="checkbox"/> Portuguese (Brazil)<br><input type="checkbox"/> Portuguese (Any other)<br><input type="checkbox"/> Romanian<br><input type="checkbox"/> Romany / English Romanes<br><input type="checkbox"/> Russian<br><input type="checkbox"/> Serbian<br><input type="checkbox"/> Shona<br><input type="checkbox"/> Sindhi<br><input type="checkbox"/> Sinhala<br><input type="checkbox"/> Slovak<br><input type="checkbox"/> Slovenian<br><input type="checkbox"/> Somali<br><input type="checkbox"/> Sotho / Sesotho<br><input type="checkbox"/> Spanish<br><input type="checkbox"/> Sundanese<br><input type="checkbox"/> Swahili / Kiswahili<br><input type="checkbox"/> Swedish<br><input type="checkbox"/> Tagalog<br><input type="checkbox"/> Tamil<br><input type="checkbox"/> Telugu<br><input type="checkbox"/> Thai<br><input type="checkbox"/> Tigrinya<br><input type="checkbox"/> Traveller Irish / Shelta<br><input type="checkbox"/> Turkish<br><input type="checkbox"/> Ukrainian<br><input type="checkbox"/> Urdu<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Welsh/Cymraeg<br><input type="checkbox"/> Wolof<br><input type="checkbox"/> Xhosa<br><input type="checkbox"/> Yoruba<br><input type="checkbox"/> Zulu |
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Other Language:.....

Please complete if language is not included in the list above

Student Name:.....Class/Form.....

This information was provided by:                      Parent                          Student

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