

THIS SECTION IS FOR OFFICE USE ONLY							
Place accepted:		Pupil Information Form:			Unified Transfer Pupil Form:		
Attendance report received:			Progress report received:				
Admission meeting date:			Admission meeting time:		Confirmed date:		
Start date:		Form Group:		Admission No:			
UPN:		ULN:			SIMS:		
Parent Pay:	Computer log on:	Timetable:	SEN	EAL	FSM	CP	
CATS:	MEG/CEG:	File/CTF requested date:			File received date:		

BEAL HIGH SCHOOL PUPIL INFORMATION

IMPORTANT: In order for us to ensure that all student details on our database are correct please complete all sections of this form. **ALL INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE** in line with the Privacy Notice - Data Protection Act 1998.

STUDENT PERSONAL DETAILS *(Compulsory)*

Please note that the "Legal SURNAME", "Legal FIRST NAME" and "MIDDLE NAME" should be the same as what appears on the child's birth certificate /passport). Please complete in full.

Legal SURNAME:		Preferred SURNAME:	
Legal FIRST NAME:		Preferred FIRST name:	
Legal MIDDLE Name(s):		Date of birth:	
Gender:	MALE	FEMALE	
STUDENT'S EMAIL:		STUDENT'S MOBILE NO:	

STUDENT'S HOME ADDRESS *(Compulsory)*

Door number:		House name <i>(if applicable)</i> :	
Street name:		Town/city:	
County:	Post code:	Home Telephone No:	
Type of address <i>(please circle as appropriate)</i> :	Permanent	Temporary	Rented Accommodation

SIBLINGS ATTENDING OR WHO HAVE ATTENDED BEAL HIGH SCHOOL

Last Name:	First Name:	Date of Birth:
Last Name:	First Name:	Date of Birth:
Last Name:	First Name:	Date of Birth:
Last Name:	First Name:	Date of Birth:

CONTACT 1 *(Compulsory)* *Please PRINT CLEARLY and tick as appropriate*

MOTHER	STEP MOTHER	CARER	GUARDIAN	FOSTER PARENT	OTHER <i>please state:</i>	
Legal SURNAME:			Legal FIRST name:			
Legal MIDDLE name:			Title: MR / MRS / MISS / MS / OTHER <i>(please state)</i>			
STATUS:	Married	Single	Separated	Divorced	Widow/Widower	Other <i>(please state):</i>
Mobile No:		Work No:		Place of Work:		
Occupation:		Times/Days of work:		Email address:		

IF CONTACT 1 LIVES AT DIFFERENT ADDRESS TO THE STUDENT, PLEASE COMPLETE ADDRESS SECTION BELOW			
Door number:		House name (if applicable):	
Street name:		Town/city:	
County:	Post code:	Home Telephone No:	
Type of address (please circle as appropriate):	Permanent	Temporary	Rented Accommodation
Is there a Court Order Associated with this contact?			YES / NO
Should this contact receive pupil school reports?			YES / NO
Should this contact receive correspondence (letters, emails, SMS) from the school?			YES / NO

CONTACT 2 (Compulsory) Please PRINT CLEARLY and tick as appropriate						
FATHER	STEP FATHER	CARER	GUARDIAN	FOSTER PARENT	OTHER please state:	
Legal SURNAME:			Legal FIRST name:			
Legal MIDDLE name:			Title: MR / MRS / MISS / MS / OTHER (please state)			
STATUS:	Married	Single	Separated	Divorced	Widow/Widower	Other (please state):
Mobile No:		Work No:			Place of Work:	
Occupation:		Times/Days of work:		Email address:		
IF CONTACT 2 LIVES AT DIFFERENT ADDRESS TO THE STUDENT, PLEASE COMPLETE ADDRESS SECTION BELOW						
Door number:			House name (if applicable):			
Street name:			Town/city:			
County:		Post code:		Home Telephone No:		
Type of address (please circle as appropriate):		Permanent		Temporary		Rented Accommodation
Is there a Court Order Associated with this contact?					YES / NO	
Should this contact receive pupil school reports?					YES / NO	
Should this contact receive correspondence (letters, emails, SMS) from the school?					YES / NO	

CONTACT 3 Please PRINT CLEARLY and tick as appropriate						
FATHER	STEP FATHER	CARER	GUARDIAN	FOSTER PARENT	OTHER please state:	
Legal SURNAME:			Legal FIRST name:			
Legal MIDDLE name:			Title: MR / MRS / MISS / MS / OTHER (please state)			
STATUS:	Married	Single	Separated	Divorced	Widow/Widower	Other (please state):
Mobile No:		Work No:			Place of Work:	
Occupation:		Times/Days of work:		Email address:		
ADDRESS DETAILS						
Door number:			House name (if applicable):			
Street name:			Town/city:			
County:		Post code:		Home Telephone No:		

SCHOOL HISTORY (Compulsory)

PLEASE ENSURE that if the above named child has returned from abroad, **but was previously in school in the United Kingdom**, you complete the **relevant sections below** as well as the section "Schooling Outside of the UK".

Has the child ever attended a PRIMARY SCHOOL in the UK?		YES / NO
If yes, please complete Primary School section below		
PRIMARY SCHOOL ATTENDED IN UK		
School name:	Telephone no:	
School address:		
Education Authority e.g. Redbridge, Newham, Havering:		
Date of JOINING:	Date of LEAVING:	
Reason for leaving e.g. Moved into area, Emigration, In-Year transfer, Exclusion etc:		

Has the child ever attended a SECONDARY SCHOOL in the UK?		YES / NO
If yes, please complete Secondary School section below		
SECONDARY SCHOOL ATTENDED IN UK		
School name:	Telephone no:	
School address:		
Education Authority e.g. Redbridge, Newham, Havering:		
Date of JOINING:	Date of LEAVING:	
Reason for leaving:	End of phase	In-year transfer
Permanent Exclusion	Left country	Other (please state):

Has the child ever received schooling outside of the UK?		YES / NO
If yes, please complete Schooling outside of the UK section below		
SCHOOLING OUTSIDE OF THE UK		Telephone no:
Name of School:	Place / Country of school:	
Date of JOINING:	Date of LEAVING:	
Reason for leaving:	End of phase	In-year transfer
Permanent Exclusion	Left country	Other (please state):

OTHER INFORMATION – Please tick as appropriate

MODES OF TRANSPORT TO SCHOOL

Cycle	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Car share	<input type="checkbox"/>	Public Transport	<input type="checkbox"/>	School Bus	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	Train	<input type="checkbox"/>	Car/Van	<input type="checkbox"/>	LEA Provided transport	<input type="checkbox"/>	Walks	<input type="checkbox"/>

DIETARY

School Meal	<input type="checkbox"/>	Packed Lunch	<input type="checkbox"/>	Home	<input type="checkbox"/>
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ANY OTHER DIETARY REQUIREMENTS

Artificial Colouring	<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Kosher Foods only	<input type="checkbox"/>	Halal only	<input type="checkbox"/>
No diary produce	<input type="checkbox"/>	No pork	<input type="checkbox"/>	Seafood allergy	<input type="checkbox"/>	No nuts of any type/quantity			

FREE SCHOOL MEALS

Is your child eligible for free school meals?	YES/NO	If yes please give eligibility date:
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IMPORTANT - Authorisation of Free School Meals
 If you child is entitled to Free School Meals, in order for this entitlement to continue at Beal High School, it is essential that **you provide the School Office with a copy of the 'Authorisation of Free School Meal' paperwork** issued by the London Borough of Redbridge. Students' dinner allocation will automatically be entered onto our Cashless Data System. Parents can top up the amount from home by using the 'ParentPay' website.

Please note that, if your child **WAS ELIGIBLE FOR FREE SCHOOL MEALS IN ANOTHER BOROUGH**, you will need to **REAPPLY** to the London Borough of Redbridge to be eligible for free school meals at Beal High School.

ARE YOU MISSING OUT ON FREE SCHOOL MEALS?

If your child attends a Redbridge School and you are in receipt of one or more of the following benefits you can claim Free School Meals for your child/children:

- Income Support (IS)
- Income-based Jobseekers Allowance (JSA)
- Income-related Employment and Support Allowance (ESA)
- Support under Part VI of the Immigration & Asylum Act 1999
- The guaranteed element of Pension Credit
- Child Tax Credit (provided you are not also entitled to Working Tax credit and have an annual gross income of no more than £16,190 (*amount may change*) - **Working Tax Credit is a disqualifying benefit regardless of your household income – this means that you would not be entitled to free School Meals whilst in receipt of Working Tax Credit**
- Working Tax Credit run-on – paid for four weeks after you stop qualifying for Working Tax Credit
- Universal Credit (provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods)
- Received free school meal benefit at any point since April 2018 for the child you are applying for (details of previous school and borough).

HOW CAN I CLAIM?

You can check if you are eligible and apply online for Free School Meals by going to:

<http://www.redbridge.gov.uk/freeschoolmeals> or by emailing admissionsandawards@redbridge.gov.uk

INFORMATION REQUIRED BY THE AWARDS TEAM

The Awards & Support Team will contact you should they require proof of benefit to verify that you meet the eligibility criteria entitlement to free school meals.

CHILD'S WELFARE AND SUPPORTING INFORMATION (Compulsory)

Is/Has the child ever been a LOOKED AFTER CHILD / EVER IN CARE?		YES / NO
<i>If yes, please complete section below and provide a copy of the Personal Education Plan to the Data manager.</i>		
Care Authority:	In Care Start Date:	In Care end date (if applicable):
Name of Social Worker:	Contact No for Social Worker:	Email for Social Worker:

Has the child been ADOPTED FROM CARE?		YES / NO
<i>If yes, please complete section below and provide the Data Manager with a copy of any supporting evidence.</i>		
Care Authority:	Date of Adoption:	

Is the child under a CHILD ARRANGEMENT ORDER?		YES / NO
<i>If yes, please complete section below and provide the Data Manager with a copy of any supporting evidence.</i>		
Court/Authority where Arrangement obtained:	Date Child Arrangement Order obtained:	

Is the child under SPECIAL GUARDIANSHIP?		YES / NO
<i>If yes, please complete section below and provide the Data Manager with a copy of any supporting evidence.</i>		
Court/Authority where Guardianship obtained:	Date Special Guardianship obtained:	

Is the child under a RESIDENCE ORDER?		YES / NO
<i>If yes, please complete section below and provide the Data Manager with a copy of any supporting evidence.</i>		
Court/Authority where Residence Order obtained:	Date Resident Order obtained:	

Is the child's parent(s) a member of the ARMED FORCES?	YES / NO
If yes, please complete section below and provide the Data Manager with a copy of any supporting evidence.	
Regiment details:	

Is the child a YOUNG CARER e.g. someone under the age of 18 who has caring responsibilities for a family member at home who may have a serious or long term illness?	YES / NO
If yes, please complete section below.	
Who do they care for? Please give details of type of care provided.	

SPECIAL EDUCATION NEEDS (Compulsory)

Has the student ever been on the SPECIAL NEEDS LIST? (Compulsory)	YES / NO	
If no, please move to Other information section below.		
If yes, please indicate below the level of student support:		
Educational Health Care Plan (EHCP)	SEN Category	High Quality Teaching
Student's special difficulty/disability (please tick below as appropriate)		
Moderate Learning Difficulty	Severe Learning Difficulty	Profound/Multiple Learning Difficulty
Autistic Spectrum Disorder	Vision Impairment	Hearing Impairment
Multi-Sensory Impairment	Physical Disability	Other difficulty/Disability
Social, Emotional & Mental Health	Social Emotional Difficulties	Attention Deficit Hyperactivity Disorder

INTERVENTIONS
Please provide information below:

OTHER INFORMATION

Does your child have contact with other agencies e.g. Educational Welfare Officer, Educational Psychologist, Child Guidance, Speech Therapist etc?	YES / NO
If yes, please give details:	
Name of Agency:	Contact name at Agency:
Contact no:	Details:

MEDICAL

Does your child have a medical condition(s)?	YES / NO
If NO, only complete the medical practice information below and sign declaration at bottom of questionnaire.	
If YES, please complete ALL sections below	

NHS NUMBER for student (please provide):	
Name of Family Doctor/GP:	GP Practice Tel no:
Name of Medical Practice:	
Address of Medical Practice:	
Can your GP be contacted for further information if required on any of the above?	YES / NO

Does your child suffer from ANAPHYLAXIS? <i>If yes please complete the following.</i>	YES / NO
Does your child have a Care Plan? <i>If yes, please provide the Data Manager with a Copy.</i>	YES / NO
Does your child have an EpiPen?	YES / NO
Do they take any other medication? If yes, please name:	
If yes, what is your child ALLERGIC to?	
If yes, what are your child's symptoms?	
PLEASE NOTE that the following guidelines must be adhered to regarding EPIPENS: <ul style="list-style-type: none"> ○ One EPIPEN to be supplied to BBIH - one EPIPEN to be held by student at all times. ○ Expiry dates to be held by Parent/Guardian and EpiPen renewed before expiry date. ○ Parents/Guardians to ensure that EPIPENS are taken on all visits/extra-curricular activities. 	

Does your child suffer ASTHMA? <i>If yes please complete the following.</i>	YES / NO
What statement relates to your child? <i>(Please tick as appropriate)</i>	
Mild: Uses reliever blue inhaler	Moderate: Uses preventer and blue inhaler occasionally
Severe: Uses preventer/regular reliever and other medication	
INSTRUCTIONS FOR USE OF AN INHALER ON THE BEAL CAMPUS <ul style="list-style-type: none"> • Inhalers must be <u>CLEARLY</u> labelled with your child's full name and form group. • It is the <u>responsibility</u> of the Parent/Guardian to ensure inhalers are <u>REPLACED</u> and <u>IN DATE</u> as recommended by the manufacturers. • Spare inhalers may be held in the BBIH Office in case of an emergency. 	

Does your child have any other medical condition(s)? <i>If yes, please provide information below.</i>					YES / NO
Medical Condition	Care Plan		Medication taken (Name/dosage)	Is medication taken at Home or school	Symptoms
	Yes	No			
				YES / NO / BOTH	
				YES / NO / BOTH	
				YES / NO / BOTH	

If your child has a Care Plan please ensure that a copy of this is returned with your form.

Please give below any additional medical information which you feel may be relevant <u>e.g. name of medical condition, medication taken, symptoms etc.</u>

PLASTERS	
Is your child allergic to PLASTERS?	YES / NO
<i>IF YES, please ensure that you supply the school with a selection of hypo-allergenic plasters and a container marked with the name of the student on it for plasters to be kept in.</i>	
Do you give PERMISSION for a first aider to apply a plaster to your child?	YES / NO

Does your child have any DISABILITIES?	YES / NO
<i>IF YES, please give details below:</i>	

Does your child come under any CONSULTANT / HOSPITAL DETAILS FOR MEDICAL CONDITIONS?	YES / NO
<i>IF YES, please complete the following:</i>	
Name of Consultant:	Telephone no:
Name of Hospital:	Department:
Address of Hospital:	

ETHNIC AND CULTURAL INFORMATION

The information provided is used for our School Census and internally so that we can provide a high quality inclusive education to all students. It helps us to provide informed provision for all EAL learners.

ETHNIC DATA INFORMATION PROVIDED BY *Please tick appropriate box*

Child		Parent		Current School		Other		Previous school	
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STUDENT'S NATIONALITY *Please tick appropriate box*

British	<input type="checkbox"/>	English	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Refused	<input type="checkbox"/>	Other	<input type="checkbox"/>	<i>If other please specify:</i>					

STUDENT'S PASSPORT / VISA DETAILS

EXACT NAME as it appears on the child's passport *(Please print clearly)*

SURNAME

FIRST NAME:

MIDDLE NAME:

Passport number:

Issue Date:

Expiry Date:

Visa Number:

Issue Date:

Expiry Date:

COUNTRY OF ORIGIN *Please tick appropriate box*

Was the child born in the United Kingdom?

YES

NO

Has the child always lived in the United Kingdom?

YES

NO

If the child was born outside the UK, please state **COUNTRY OF BIRTH:**

Please state **student's DATE OF ENTRY into the UK** if different from above:

Please state date of **family's DATE OF ENTRY into the UK** *(If applicable):*

Mother's **COUNTRY OF BIRTH:**

Father's **COUNTRY OF BIRTH:**

If applicable please complete STATUS OF STUDENT below

	YES	NO	Date of arrival in UK
Asylum Seeker			
European Union Citizen			
Gypsy/Roma (Housed)			
Gypsy/Roma (Travelling)			
Humanitarian Protection (exceptional leave to remain)			
Occupational (Traveller)			
Refugee/Indefinite leave to remain (sometimes call "settlement")			
Traveller (Other)			
Visa			

ETHNIC GROUP *Please study the list and tick appropriate box*

Any other black background	<input type="checkbox"/>	Gypsy /Roma	<input type="checkbox"/>	Sri Lankan Sinhalese	<input type="checkbox"/>
Asian and Black	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Kosovan	<input type="checkbox"/>	Turkish/Turkish Cypriot	<input type="checkbox"/>
Black – Angolan	<input type="checkbox"/>	Other – Asian	<input type="checkbox"/>	White – British	<input type="checkbox"/>
Black – Congolese	<input type="checkbox"/>	Other Black African	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>
Black – Ghanaian	<input type="checkbox"/>	Other – Mixed Background	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Black – Nigerian	<input type="checkbox"/>	Pakistani - Other	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Black – Somali	<input type="checkbox"/>	Pakistani – Kashmiri	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black – Caribbean	<input type="checkbox"/>	Pakistani – Mirpuri	<input type="checkbox"/>	White European	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Sri Lankan Tamil	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Greek/Greek Cypriot	<input type="checkbox"/>	Sri Lankan Other	<input type="checkbox"/>		

If **OTHER ETHNIC GROUP** please state:

HOME / FIRST LANGUAGES						
Is English the child's first language?	YES	NO	If no, please state first language:			
Language spoken at home between parents, siblings and other family?						
How good is your child's English? <i>Please circle</i>	Fluent	Competent	Developing	Early Acquisition	New to English	

RELIGIOUS AFFILIATION <i>Please study the list and tick appropriate box</i>							
Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Other Religion	<input type="checkbox"/>	If OTHER please specify:					
FESTIVALS OBSERVED <i>(Please state)</i>							

PARENT PAY *(Compulsory)*

VERY IMPORTANT – PLEASE READ CAREFULLY

On joining Beal High School your child will be given an “**Account Activation Letter**” giving you a personal user number and password that allows you to access the Parent Pay system. Parent Pay will allow you to pay for Items such as School Meals, Photocopying/Printing, Educational Visits, School Shows/Events, school equipment etc. The Parent Pay system is also used to send home letters, invitations and school notices. **In order for your account to be activated** on the Parent Pay system it is required that you provide us with an **EMAIL ADDRESS**. This email address will remain active unless you personally go in and change it on Parent Pay at which time you should inform us accordingly. When completing the following please **PRINT CLEARLY** in order for us to ensure that all details are correct.

If you already have a child at Beal, or at another school that uses Parent Pay, you can link the accounts together as follows:

- Go into the Parent Pay account of the sibling at Beal High School or at another school;
- Put in this student's Username and Password to access the account;
- Once logged into your account go to **ADD A CHILD**;
- Put in Username/Password for additional child (Username and Password will be given to you on the first day of school);
- Search for this child;
- It will bring up the name of the User for the account - put in new student's name;
- Check it is the correct student;
- If yes, then select **ADD TO MY ACCOUNT**;
- There will then be a **TAB** for **BOTH STUDENTS** under the one Username and Password (*original student's*).

PARENT/CARER EMAIL ADDRESS to be used for ParentPay:

Relationship to student:

PLEASE NOTE that IF YOU CHANGE YOUR EMAIL ADDRESS ON PARENTPAY you must inform the Data Manager accordingly so that it can be amended on our Student Database otherwise your ParentPay account may not work.

VOLUNTARY DONATION/CONTRIBUTION via the BEAL HIGH SCHOOL PARENTPAY SHOP

Voluntary Donations/Contributions benefit all students and helps to resource the many extra opportunities that we offer our students including educational visits, visiting speakers and performers, clubs, rewards and prizes for achievement. We ask parents, where possible, to support by donating to our School Fund. Of course, some parents may feel that they can contribute more and some may only be able to afford a token amount. To make a donation/contribution please go to the Beal High School website, School Information, Admissions – Beal High School, Transition 2020, School Fund -Donations/Contributions and click on the link: <https://app.parentpay.com/parentpayshop/uniform/default.aspx?shopid=756>.

DECLARATION (Compulsory)

In line with the **School Home Agreement** and as part of working in partnership with the school, we confirm that we have read the following documentation on the Beal High School website. We also understand that, should we wish to Opt Out, we should follow the Opt Out instructions provided on each document. *(Most of the Information can be found on our website in School Information – Admissions – Beal High School section, however, our Policies are in the 'About' section - Policies.)*

- Photography and Images of Students
- Privacy Notice – Data Protection Act 1998
- Sex and Relationships Education Policy and Drugs Policy
- Use of Biometrics Information
- Youth Support Service

Signature of Parent/Guardian:

Date:

IF RETURNING THIS FORM BY EMAIL, if possible, please scan your signature onto form, however, if you are unable to do this please print your name and date into box, and then tick this section to show that you have read the above documentation.

Thank you for taking the time to complete this Pupil Information Form.

CHANGES TO ABOVE INFORMATION:

Please ensure that you **inform the Admissions and Data Manager** of any changes to the above information.
Email: jsewell@bealhighschool.co.uk or Telephone 020 8418 2641.