



Ysgol Gynradd Cogan Primary School

Confidential Pupil Information

Basic Information

Child's legal surname:	Child's preferred surname:
Child's legal forename:	Child's preferred forename:
Child's gender:	Child's date of birth
Child's Address:	Home telephone number:
	Parent/Carer's email address:
	Child's previous school:
	Child's religious denomination (if applicable):

Siblings

Name of sibling (if applicable):	Year group:
Name of sibling (if applicable):	Year group:
Name of sibling (if applicable):	Year group:

Medical Information

Name of child's medical practice:	IMPORTANT- Special medical requirements:
Address of child's medical practice:	
Telephone number of child's medical practice:	

Dietary requirements

Does your child have any dietary requirements/allergies?

Food allergy (please give details) _____

Vegetarian Vegan No Pork No diary No nuts Other (please state) _____

Travel arrangements

Child's transport to school (please circle)

Walk

Bicycle

School taxi/bus

Public bus

Car

[Continued]

Emergency Contacts

1st Parent/Carer contact	
Full name (including title):	Relationship to the child:
Parental responsibility: Yes No	Email address:
Address (including postcode, if different from the child's address)	Mobile telephone number:
	Home telephone number:
	Work telephone number:
2nd Parent/Carer contact (If applicable)	
Full name (including title):	Relationship to the child:
Parental responsibility: Yes No	Email address:
Address (including postcode, if different from the child's address)	Mobile telephone number:
	Home telephone number:
	Work telephone number:
Other emergency contact	
Full name (including title):	Relationship to the child:
Parental responsibility: Yes No	Email address:
Address (including postcode, if different from the child's address)	Mobile telephone number:
	Home telephone number:
	Work telephone number:
Other emergency contact	
Full name (including title):	Relationship to the child:
Parental responsibility: Yes No	Email address:
Address (including postcode, if different from the child's address)	Mobile telephone number:
	Home telephone number:
	Work telephone number:

Court Order

Full name of person subject to the order (including title):

Relationships to child

Date of order:

[Continued]

Welsh Language

Can your child speak Welsh (Please circle one)

Yes

(Complete details below)

No

(Go to next section, National Identity)

Prefer not to say

What is your child's fluency in Welsh?	Does your child speak Welsh at home?
Speaks welsh fluently	Yes
Speaks Welsh but not fluently	No
Does your child speak Welsh with parents/carers?	Does your child speak Welsh with their siblings?
Speaks Welsh with one parent/carer only	Yes
Speaks Welsh with both parents/carers	No
Does not speak Welsh with parents/carers	

National Identity

Child's National Identity (Please circle)

Welsh

British

English

Irish

Scottish

Other (please specify) _____

Prefer not to say

Religion

Please circle one box:

Christian

Muslim

Jewish

Buddist

Hindu

Sikh

No Religion

Other (please specify) _____

Prefer not to say

Asylum Seekers

Asylum Seeker

Refugee

If your child was born OUTSIDE of the UK, please provide the following information:

Date of arrival in the UK: _____

Child's place of birth: _____

[Continued]

Ethnicity (Please circle one only)

White			
British	Kosovan	Traveller of Irish heritage	Serbian
Roma/Roma Gypsy	Turkish/Turkish Cypriot	Albanian	Greek/Greek Cypriot
White Western European	Bosnian-Herzegovinian	White European	Other White
Croatian	White Eastern European		
Mixed background			
White & Black Caribbean	White & Chinese	Asian & Black	White & Black African
Asian Chinese	Other Mixed Background	White & Asian	Black & Chinese
Black & other ethnic group	White & other ethnic group	Asian & other ethnic group	Chinese & other ethnic group
Asian or Asian British			
Indian	African Asian	Sinhalese	Mirpuri Pakistani
Kasmiri	Sri Lankan Tamil	Other Pakistani	Nepali
Bangladeshi	Other Asian		
Black or Black British			
Caribbean	Ghanaian	Nigerian	Sierra Leonian
Somali	Sudanese	Other Black African	Black European
Black North American	Other Black		
Chinese or Chinese British			
Hong Kong Chinese	Malaysian Chinese	Singaporean Chinese	Taiwanese
Other Chinese			
Any other Ethnic Group			
Afganistani	Arab	Egyptian	Filipino
Irani	Iraqi	Japanese	Korean
Kurdish	Latin American	Lebanese	Malay
Moroccan	Polynesian	Thai	Vietnamese
Yemeni	Other ethnic group		

OR

I do not wish any ethnic background to be recorded

First Language (Language first spoken to the child from birth)

(Please circle one only)

Afrikaans	Akan/Twi-Fante	Albanian	Amharic
Arabic	Armenian	Assyrian/Aramaic	Azeri
Balochi	Bemba	Bengali (any other)	Bengali (Sylheti)
Berber/Tamazight	British Sign Language	Bulgarian	Burmese/Myanma
Caribbean Creole English	Caribbean Creole French	Catalan	Chechen
Chichewa/Nyanja	Chinese (any other)	Chinese (Cantonese)	Chinese (Mandarin)
Chinese (Putonghua)	Classification pending	Czech	Danish
Dutch/Flemish	Edo/Bini	Efik-Ibibio	English and/or Welsh
Esan/Ishan	Ewe	Finnish	French
Fula/Fulfulde-Pulaar	Ga	Gaelic (Scotish)	Gaelic/Irish
Georgian	German	Greek	Gujarati
Hausa	Hebrew	Hindi	Hindko
Hungarian	Icelandic	Igbo	Ijo
Italian	Japanese	Kannada	Katchi
Kikuyu/Gikuyu	Kirundi	Korean	Krio
Kurdish	Latvian	Lingala	Lithuanian
Luganda	Macedonian	Malay/Indonesian	Malayalam
Maldivian/Dhivehi	Maltese	Mandin/Mandekan	Marathi
Ndebele	Nepali	Norwegian	Oriya
Punjabi	Pashto/Pakhto	Persian/Farsi	Persian/Dari
Polish	Portuguese	Refused	Romanian
Romany/English Romanes	Russian	Serbian/Croatian/Bosnian	Shona
Sindhi	Sinhala	Slovak	Somali
Sotho/Sesotho	Spanish	Swahili/Kiswahili	Swedish
Tagalog/Filipino	Tamil	Telugu	Temne
Thai	Tibetan	Tigrinya	Turkish
Ukrainian	Urdu	Urhobo-Isoko	Uzbek
Vietnamese	West African Pidgin English	Wolof	Xhosa
Yoruba	Zulu		
Other language			

GDPR

We need you to opt in to give your consent under the General Data Protection Regulations (GDPR)

Your consent (please tick each box):

- I consent to being contacted by telephone, email, SMS text messages and letter.
- I consent to my child's use of the Welsh Government's HWB platform (see overleaf).

Declaration

I confirm that I have read and understood the guidance provided on this form. I confirm that the information provided on this form is correct.

Signature:**Print name:****Date:**