



NEWPORT GIRLS' HIGH SCHOOL
Confidential Information Form 2024-2025

Please complete this form and return it to the school office.

STUDENT'S BASIC INFORMATION

Legal Forename		Middle Name(s)	
Legal Surname		Preferred First Name	
Address			
Post code		Home phone no	
Student Mobile		Date of Birth	
Name of sibling(s) at NGHS			
Is this child the subject of any Court Orders?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

PARENTAL CONTACTS

Please give details of all persons with parental responsibility. Please note, the school is required to keep a record of the name and address of every person considered, in law, to be the parent of a student.

Wherever possible we will communicate with parents/carers via email. Occasionally, we may send a letter or text message. Where parents are separated, if the parent who lives at a separate address to the student requires copies of school correspondence and/or can be recorded as an emergency contact for the student, please indicate below.

	MOTHER'S CONTACT DETAILS	FATHER'S CONTACT DETAILS
Contact Priority? (i.e. 1, 2)		
Full name (including title)		
Address (if different to student)		
Home phone no		
Mobile phone no		
Work phone no		
Email address		
Parental Responsibility?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Wish to receive emails from US (at least one parent must)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

ADDITIONAL EMERGENCY CONTACTS

Please provide details below of **two additional emergency contacts**, whom we will attempt to reach in an emergency. Contacts listed below will only be contacted, when we have been unable to get hold of a parent/guardian.

	EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Full name		
Relationship to student		
Lives at student's address?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Mobile phone no		
Daytime phone no		

STUDENT DIETARY/MEDICAL INFORMATION

Please provide information concerning your child's health, background or other matter, which may be helpful to staff or may affect their attendance, work or behaviour in school. If more space is required, please provide details on a separate sheet.

Medical Practice		Practice phone no	
Practice address (including post code)			
Health/diagnosed medical/pastoral conditions			
Special Educational Needs (SEN)			
Current medications			

Allergies (to food/medication)	
Dietary Requirements	

MEDICAL CONSENTS

Do you consent to medical or other such treatment (which includes the administration of anaesthetic or blood transfusion or the carrying out of surgical operations) deemed necessary by a qualified medical practitioner or to first aid being administered in the case of your child if any emergency should occur at a time when your consent to the particular treatment cannot otherwise be obtained?

Yes No

Do you consent to your child being given paracetamol/Calpol during school hours, on occasion, if required for pain relief?

Yes No

If your child **has been diagnosed with asthma and has been prescribed a reliever inhaler**, do you consent to the school using its emergency salbutamol inhaler if required?

Yes No N/A

If your child **has been diagnosed with an allergy and has been prescribed the use of an Auto Injection (Epipen or similar)**, do you consent to the school using its emergency Auto Injector if required?

Yes No N/A

ADDITIONAL STUDENT INFORMATION

Please note that parents do not have to provide the information requested in this section. Please write 'refused' against any fields where you do not wish to provide the information.

Ethnicity		Religion	
First Language			

Are either/both parents UK service personnel or serving in Armed Forces of another country stationed in England (or have they been in the last 6 years)?

Yes End date if applicable: _____ No

Is your child currently, or have they been in the last six years, entitled to Free School Meals?

Yes End date if applicable: _____ No

Mode of travel to school (please tick one)

<input type="checkbox"/> Car share	<input type="checkbox"/> Car/van	<input type="checkbox"/> Cycle	<input type="checkbox"/> Dedicated School Bus	<input type="checkbox"/> Other
<input type="checkbox"/> Public Service Bus	<input type="checkbox"/> Taxi	<input type="checkbox"/> Train	<input type="checkbox"/> Walk	

PREVIOUS SCHOOL

School name	
School address	
Has your child ever attended another school since the age of 4-5? If so, give name of school	

ACKNOWLEDGEMENT

Newport Girls' High School uses the SIMS Parent App/website which allows parents to update their personal details and those of their child(ren) online. Parents will be given a log in to this app when their child(ren) is/are enrolled.

- **I understand it is my responsibility to keep my personal details and those of my child(ren) up to date. I will contact the school immediately if I am unable to update this information via the Parent App.**

Signed (parent) _____ Date _____

If you need assistance completing this form, or would like to speak to someone about any points raised, please contact Mrs K Jones, Data and Admissions Manager at the school or via schooloffice@nghs.org.uk

Data Protection: The school is registered under the Data Protection Act 2018 for holding personal data. We have 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, the DfE and some other organisations. Further information on how we use, store and share data is available in our 'Data Protection Policy' and 'Privacy Notice – Students' which can be found on our website www.nghs.org.uk