



## DATABASE INFORMATION SHEET

Please complete ALL SECTIONS on each side of this form

<b>Contact</b>		
Child's Legal Surname : <u>PANDIYAN SATHYA</u>	Gender: <u>FEMALE</u>	Date of Birth: <u>23-06-2006</u>
Child's Legal Forename : <u>ANINI</u>	Religion: Roman Catholic <input type="checkbox"/> Other Christian <input type="checkbox"/>	
Middle name(s) :	If Catholic, in which Roman Catholic Parish do you live?	
Preferred Surname: <u>SRINIVASAN</u>	Other religion (please specify) <input checked="" type="checkbox"/> <u>HINDU</u>	
Preferred Forename: <u>ANINI</u>		
Address : <u>FLAT NO:10, CORPORATION BUILDING, 16, SNIH HILL, S3 8NB</u>		
Home tel. no.: <u>07469648232</u>		

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.

The MyEd app is to keep in touch with important events & news (see over) - if both parents/carers wish to receive alerts and information e.g. reports they must both indicate this below. You can unsubscribe at any time.

Priorit	Name & Relationship	Address/Phone/Mobile/Email	Parental Responsibility/Work
1	<u>SRINIVASAN</u> <u>NATARAJAN</u> <u>&amp; FATHER</u>	Address: <u>FLAT NO:10, CORPORATION BUILDING, 16 SNIH HILL, S3 8NB</u> Tel: Mobile: <u>07587719313</u> Email: <u>mailnsrinivasan@gmail.com</u>	Parental responsibility: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> MyEd: Yes <input type="checkbox"/> No <input type="checkbox"/> Work Tel:
2	<u>SATHYA</u> <u>RAVI</u> <u>&amp; MOTHER</u>	Address: <u>FLAT NO:10, CORPORATION BUILDING, 16 SNIH HILL, S3 8NB</u> Tel: Mobile: <u>07469648232</u> Email: <u>Sathyaar23@gmail.com</u>	Parental responsibility: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> MyEd: Yes <input type="checkbox"/> No <input type="checkbox"/> Work Tel:
3		Address: Tel: Mobile: Email:	Parental responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/> MyEd: Yes <input type="checkbox"/> No <input type="checkbox"/> Work Tel:
4		Address: Tel: Mobile: Email:	Parental responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/> MyEd: Yes <input type="checkbox"/> No <input type="checkbox"/> Work Tel:

Name and Address of Medical Centre/Doctor: CLOVER GROUP - THE MULBERRY PRACTICE  
CENTRAL HEALTH CLINIC, MULBERRY ST, SHEFFIELD, S1 2PJ  
Tel no: 0114 305 4050

Relevant Medical Information (for example, allergies, essential medication etc.):

Dietary Needs (if any)

Do you consider your child to have a disability? Yes ☐ No ☒

If for any reason school has to close early e.g. snow, heating issues do you give permission for your child:  
(Please tick one option)

- To go straight home, without parental contact ☐
- To go home after parental contact has been made ☒

Please also complete details overleaf

**Pupil's Ethnic Origin:**

- |                                                       |                                                     |                                                      |
|-------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Any other Asian background   | <input type="checkbox"/> Any other Black background | <input type="checkbox"/> Any other mixed backgrounds |
| <input type="checkbox"/> Bangladeshi                  | <input type="checkbox"/> Black – Somali             | <input type="checkbox"/> Black Caribbean             |
| <input type="checkbox"/> Chinese                      | <input type="checkbox"/> Gypsy/Roma                 | <input checked="" type="checkbox"/> Indian           |
| <input type="checkbox"/> Other Black African          | <input type="checkbox"/> Other ethnic group         | <input type="checkbox"/> Pakistani                   |
| <input type="checkbox"/> Traveller of Irish heritage  | <input type="checkbox"/> White – British            | <input type="checkbox"/> White – Irish               |
| <input type="checkbox"/> White & any Asian background | <input type="checkbox"/> White and Black African    | <input type="checkbox"/> White Other                 |
| <input type="checkbox"/> White and Pakistani          | <input type="checkbox"/> White and Black Caribbean  |                                                      |
| <input type="checkbox"/> Yemeni                       | <input type="checkbox"/> White Eastern European     |                                                      |

Is English your child's first language?

Yes ☒ No ☐

If no, what is their first language? \_\_\_\_\_

Pupil Country of birth: INDIAPupil Nationality: INDIAIs English your first language? Yes ☒ No ☐

If no, what is your first language? \_\_\_\_\_

Do you need an interpreter? Yes ☐ No ☒Pupil National Identity: INDIALanguage spoken at home: TAMIL

Does your child have Refugee status?

Yes ☐ No ☒

Does your child have Asylum Seeker status?

Yes ☐ No ☒

Is your child an Armed Forces child or Crown Authority child?

Yes ☐ No ☒

Has your child ever been in receipt of free school meals?

Yes ☐ No ☒

Are they currently in receipt of free school meals?

Yes ☐ No ☒

Is your child a young carer?

Yes ☐ No ☒

Is your child a 'looked after' or previously 'looked after' child?

Yes ☐ No ☒

If yes: Start date.....End date..... or date adopted.....

Yes ☐ No ☒

Is there a current court order in place or has there been?

Yes ☐ No ☒

If yes: Start date.....End date.....

How will your child travel to All Saints Catholic High School? (Please tick main form of transport)

Bus ☒ Car ☐ Taxi ☐ Train ☐ Walk ☐ Supertram ☐ Other ☐Name of current / latest school attended SRI CHAITANYA TECHNICAL SCHOOL

Does your child have any siblings (e.g. brothers or sisters) currently attending All Saints School?

If yes, name(s) \_\_\_\_\_ Year &amp; form group(s) \_\_\_\_\_

**Musical Tuition:**

Does your child have instrumental/vocal tuition

Yes ☐ No ☒

If yes please specify instrument \_\_\_\_\_

and whether this is from Sheffield Hub or a Private Tutor \_\_\_\_\_

**Do you give permission:**For your child's details to be passed on to other organisations for careers purposes  
e.g. Work Experience etc.?Yes ☒ No ☐For your child to provide fingerprints (biometric scan) to access the printing and  
cashless catering systems?Yes ☒ No ☐

For your child to be given paracetamol for simple medical issues (age appropriate dose)?

Yes ☒ No ☐Signed: SathyaraviName: SATHYA RAVIDate: 5-5-2021**MY Ed**

Connecting parents, students and schools



School is now using our parent app as the sole means of keeping in touch with parents / carers. You need to download the app. via the Apple Store, Google Play, searching for MyEd or by scanning the QR code

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