

## NEWPORT GIRLS' HIGH SCHOOL

## **Confidential Information Form 2025-2026**

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

	STLIDENT'S R	ASIC INFORMATION						
Legal Forename	STODENT 3 DA	Middle N	ame(s)					
Legal Surname		Preferred First						
Address		Treferred Tills	Trume					
Addiess								
Post code		Home ph	one no					
Student Mobile		•	f Birth					
UCI number (can be four	nd on exam statement)		1					
Nan	ne of sibling(s) at NGHS							
Is this child the subje	ct of any Court Orders?	Yes:	No:					
Is this	s child a British Citizen?	Yes:	No:					
If your child is not a British	Citizen, please confirm							
whether they have lived in tl	he UK for the last three	Yes:	No: $\square$					
	years?							
If no to both of the above, p								
your c	child's residency status.							
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		•						
Wherever possible we will comm								
Where parents are separated, if	•	•	•	•				
correspondence and/or can be re								
	MOTHER'S CON	TACT DETAILS	FATHER'S CON	TACT 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: N	0:□	Yes:	No:□				
Wish to receive emails from us	Yes: N	o: <b></b>	Yes:	No: <b>□</b>				
(at least one parent must)								
	ADDITIONAL EN	MERGENCY CONTACT	S					
Please provide details below of	<del>_</del>	•	•					
Contacts listed below will only be								
	EMERGENCY C	ONTACT 1	EMERGENCY C	ONTACT 2				
Full name								
Relationship to student		_		_				
Lives at student's address?	Yes:	ld <b>-</b>	Yes:	No:				
Mobile phone no								
Daytime phone no								
	STUDENT DIETARY,	MEDICAL INFORMA	TION					
Please provide information concerning your child's health, background or other matter, which may be helpful to staff or								
may affect their attendance, wor	k or behaviour in school	. If more space is rec	uired, please provide de	etails on a separate				
sheet.		1	r					
Medical Practi		Prac	tice phone no					
Practice addre								
(including post cod								
Health/diagnos								
medical/pastoral conditio	ns							

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Special Educational Needs (S	EN)						
Current medication	ons						
Allerg							
(to food/medicati	on)						
Dietary Requireme	nts						
		MEDICAL CO					
Do you consent to medical or ot							
or the carrying out of surgical			· · ·	•	•		
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 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	n to provide the i	nformation.		ı			
Ethnicity			Religio	n			
First Language							
Are either/both parents UK service personnel or serving in Armed Forces of another country stationed in England (or have							
_	the	y been in the	ast 6 years)?				
Yes  End date if applicable:			No 🔲				
Is your child currently, or have the	ney been in the la	ist six years, ei	ntitled to Free Schoo	ol Meals?			
Yes			No 🗖				
Mode of travel to school (please	e tick one)						
☐ Car share	☐ Car/van	Cycle	■ Dedicated	School Bus	Other		
Public Service Bus	☐ Taxi	Train	☐ Walk				
_		PREVIOUS S	CHOOL				
			CHOOL				
	School name						
	School addres	S					
Haarrarii ahild arran attand		.1					
Has your child ever attende							
since the age of 4-5? If so, give	re name of school	ACKNOWLED	CEMENT				
Newport Girls' High School uses the	SIMS Daront Ann/			to their person	al dotails and those of their		
child(ren) online. Parents will be give				-	ial details and those of their		
• 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.							
immediately if I am unable	to update this info	ormation via the	гагені Арр.				
Signed (parent)		Date					
- O (P							
If you need assistance completi	ng this form, or wo	ould like to snea	ık to someone about a	any points raise	ed. please contact Mrs K		
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							

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 <a href="www.nghs.org.uk">www.nghs.org.uk</a>