



Westgate Primary School

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Executive Head Teacher: Mr D Lloyd

Head of School: Mr D Terry B.ED Hons

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Dear Parents and Carers

PUPILS ETHNIC MONITORING QUESTIONNAIRE

All schools are required by the government to collect information on pupils' ethnic background.

Parents and carers of all pupils are being asked to tick one box on the attached form.

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below carefully and tick one box to indicate the ethnic background of the pupil named. Should you not wish an ethnic category to be recorded please tick the box at the end of the questionnaire.

Please return the completed questionnaire to the school office.

Yours sincerely

D Terry

Head of School

PUPILS ETHNIC MONITORING QUESTIONNAIRE

Notes for Parents

All schools are required by the Department for Children, Schools and Families to collect information on pupils' ethnic background. Parents/Guardians of all pupils are being asked to tick one box on this form.

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

It is recommended that young people over the age of 11 years old have the opportunity to decide their own ethnic identity. Parents/Guardians are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below carefully and tick one box only to indicate the ethnic background of the pupil or child named. Should you not wish an ethnic category to be recorded please tick the box at the end of the questionnaire. Please also tick whether a parent/guardian or pupil filled in the form.

Pupils Full Name: _____

This form has been completed by: Parent/Guardian or Pupil

White

- | | |
|--|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Greek Cypriot |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Gypsy/Roma |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Kosovan |
| <input type="checkbox"/> Other White British | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Traveller of Irish Heritage | <input type="checkbox"/> Turkish Cypriot |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> White Eastern European |
| <input type="checkbox"/> Bosnian-Herzegovinian | <input type="checkbox"/> White Western European |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> White Other |
| <input type="checkbox"/> Greek | |

Asian or Asian British

- | | |
|--|---|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Sri Lankan Sinhalese |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Sri Lankan Tamil |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Sri Lankan Other |
| <input type="checkbox"/> African Asian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Nepali | |

Mixed/Dual Background

- | | |
|---|---|
| <input type="checkbox"/> White and black Caribbean | <input type="checkbox"/> Asian and any other ethnic group |
| <input type="checkbox"/> White and black African | <input type="checkbox"/> Black and any other ethnic group |
| <input type="checkbox"/> White and Pakistani | <input type="checkbox"/> Chinese and any other ethnic group |
| <input type="checkbox"/> White and Indian | <input type="checkbox"/> White and any other ethnic group |
| <input type="checkbox"/> White and any other Asian background | <input type="checkbox"/> Other mixed background |

Black or Black British

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Any other black background |
| <input type="checkbox"/> African | |

Chinese

- Chinese

Any Other Ethnic Group

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Kurdish |
| <input type="checkbox"/> Arab other | <input type="checkbox"/> Latin/South/Central American |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Lebanese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Malay |
| <input type="checkbox"/> Iranian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Iraqi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Any other ethnic group |

- I do not wish an ethnic background category to be recorded.

Please return this form to the school within 4 weeks.