

department for

education and skills

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PUPILS ETHNIC MONITORING QUESTIONNAIRE

Notes for Parents

All schools are required by the Department of Education and Skills 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 | |

PTO

Asian or Asian British

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

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.

Pupil First Language Questionnaire - Kent Local Authority

Children, Families and Education Directorate



Please tick one box only to indicate the first language of the pupil named below

Main Code	Sub-Code	First Language
ALB		Albanian/Shqip
ARA	ARAA	Arabic (Any Other)
ARA	ARAG	Arabic (Algeria)
ARA	ARAI	Arabic (Iraq)
ARA	ARAM	Arabic (Morocco)
ARA	ARAS	Arabic (Sudan)
ARA	ARAY	Arabic (Yemen)
BNG	BNGA	Bengali (Any Other)
BNG	BNGC	Bengali (Chittagong/Noakhali)
BNG	BNGS	Bengali (Sylheti)
BUL		Bulgarian
CHI	CHIA	Chinese (Any Other)
CHI	CHIC	Chinese (Cantonese)
CHI	CHIH	Chinese (Hokkien/Fujianese)
CHI	CHIK	Chinese (Hakka)
CHI	CHIM	Chinese (Mandarin/Putonghua)
CZE		Czech
ENG		English
FIN		Finnish
FRN		French
GER		German
GRE	GREA	Greek (Any Other)
GRE	GREC	Greek (Cyprus)
GUJ		Gujarati
HGR		Hungarian
HIN		Hindi
ITA	ITAA	Italian (Any Other)
ITA	ITAN	Italian (Napoletan)
ITA	ITAS	Italian (Sicilian)
JPN		Japanese
KUR	KURA	Kurdish (Any Other)
KUR	KURM	Kurdish (Kurmanji)
KUR	KURS	Kurdish (Sorani)
LIT		Lithuanian
LTV		Latvian
MLM		Malayalam
NEP		Nepali

Main Code	Sub-Code	First Language
PAT		Pashto/Pakhto
PNJ	PNJA	Panjabi (Any Other)
PNJ	PNJG	Panjabi (Gurmukhi)
PNJ	PNJM	Panjabi (Mirpuri)
PNJ	PNJP	Panjabi (Pothwari)
POL		Polish
POR	PORA	Portuguese (Any Other)
POR	PORB	Portuguese (Brazil)
PRS	PRSA	Farsi/Persian (Any Other)
PRS	PRSD	Dari Persian
PRS	PRST	Tajiki Persian
RME		Romani/English Romanes
RMI		Romani (International)
RMN	RMNM	Romanian (Moldova)
RMN	RMNR	Romanian (Romania)
RUS		Russian
SCB	SCBB	Bosnian
SCB	SCBC	Croatian
SCB	SCBS	Serbian
SHO		Shona
SLO		Slovak
SOM		Somali
SPA		Spanish
SWA	SWAA	Swahili (Any Other)
SWA	SWAC	Comorian Swahili
SWA	SWAK	Swahili (Kingwana)
SWA	SWAM	Swahili (Brava/Mwiini)
SWA	SWAT	Swahili (Bajuni/Tikuu)
SWE		Swedish
TAM		Tamil
TGL	TGLF	Filipino
TGL	TGLG	Tagalog
THA		Thai
TRI		Traveller Irish/Shelta
TUR		Turkish
URD		Urdu
VIE		Vietnamese

If first language is not in list above please write it here →

First Name: _____

Surname: _____

Class: _____

NB: Codes are for school use only

School Name:- Westgate Primary

Postcode:- DA1 2LP

PARENTMAIL DATA CAPTURE FORM

I give / do not give (please select) my permission for my email address and mobile number to be registered with ParentMail®.

PLEASE COMPLETE IN BLOCK CAPITALS

Child's Details

First Name																															
SURNAME																															
Form/Class																															

First Name																															
SURNAME																															
Form/Class																															

Parent/Guardian Details

Salutation					First Name																											
SURNAME																																
Email Address																																
Mobile Number																																

Relationship to Child																Primary Contact (Tick)	<input type="checkbox"/>
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Salutation					First Name																										
SURNAME																															
Email Address																															
Mobile Number																															

Relationship to Child																Primary Contact (Tick)	<input type="checkbox"/>
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Additional Details (if required)

Child First Name																														
Child SURNAME																														
Form/Class																														

Additional Email Address																															
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Signature _____ Date _____