

**LONDON BOROUGH OF ENFIELD
EDUCATION SERVICE
ETHNICITY MONITORING PUPIL RECORD**

The Education Service supports equality of opportunity for all pupils in Enfield schools. Each year, usually when a pupil first joins a school, parents are asked for a range of information which both the school and the Education Service need to check out that they are meeting their responsibilities.

Could you please complete this form, either jointly with someone at the school or at home, and return it to the school office. Any information you provide will be treated in strictest confidence. The information will be entered onto computer and maintained under the requirements of the Data Protection Act.

In this space write your son or daughter's name in **BLOCK CAPITAL LETTERS**

First name:	Last name:	School:	
School Use Only	Unique Pupil No./Roll No.		

Source of Information:	<input type="checkbox"/> Parent	<input type="checkbox"/> Pupil	<input type="checkbox"/> This School	<input type="checkbox"/> Previous school	<input type="checkbox"/> Other/not known
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FIRST LANGUAGE: Please tick the one box which best describes the main language spoken in your community

Afrikaans	<input type="checkbox"/>	Dutch	<input type="checkbox"/>	Hebrew	<input type="checkbox"/>	Punjabi (Punjabi)	<input type="checkbox"/>	Tagalog/Filipino	<input type="checkbox"/>
Akan	<input type="checkbox"/>	English	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	Patois	<input type="checkbox"/>	Tamil	<input type="checkbox"/>
Albanian	<input type="checkbox"/>	Ebo	<input type="checkbox"/>	Ibo	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	Fante	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Twi (Fante)	<input type="checkbox"/>
Asante	<input type="checkbox"/>	Farsi	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Russian	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
Bajan	<input type="checkbox"/>	French	<input type="checkbox"/>	Konkani	<input type="checkbox"/>	Shona	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	Ga	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>	Sinhalese	<input type="checkbox"/>	Yoruba	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	Gaelic	<input type="checkbox"/>	Lingala (Losengo)	<input type="checkbox"/>	Somali	<input type="checkbox"/>	Not Stated	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	German	<input type="checkbox"/>	Luganda (Ganda)	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Creole (English)	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Malay	<input type="checkbox"/>	Swahili	<input type="checkbox"/>		
Creole (French)	<input type="checkbox"/>	Gujerati	<input type="checkbox"/>	Maltese	<input type="checkbox"/>	Swedish	<input type="checkbox"/>		

RELIGION: Please tick one box which best describes your son or daughter's religion.

Buddhism	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
Christianity	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Not Stated	<input type="checkbox"/>
Humanism	<input type="checkbox"/>	Other (please specify)	<input type="text"/>		

Ethnic Group Please tick one box which best describes your son or daughter's ethnic group

White

English	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Other White British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>

Mixed Dual Background

White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>

White and Asian

White & Pakistani	<input type="checkbox"/>
White & Indian	<input type="checkbox"/>
White & any other Asian background	<input type="checkbox"/>

Asian or Asian British

Indian	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>

Pakistani

Mirpuri Pakistani	<input type="checkbox"/>
Other Pakistani	<input type="checkbox"/>
Kashmiri Pakistani	<input type="checkbox"/>

Black or Black British

Caribbean	<input type="checkbox"/>
Angolan	<input type="checkbox"/>
Congolese	<input type="checkbox"/>
Ghanian	<input type="checkbox"/>
Nigerian	<input type="checkbox"/>
Sierra Leonian	<input type="checkbox"/>
Somali	<input type="checkbox"/>
Sudanese	<input type="checkbox"/>
Other Black African	<input type="checkbox"/>

Any Other Ethnic Group

Afghan	<input type="checkbox"/>
Arab	<input type="checkbox"/>
Egyptian	<input type="checkbox"/>
Filipino	<input type="checkbox"/>
Iranian	<input type="checkbox"/>
Iraqi	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>
Latin/South/ Central American	<input type="checkbox"/>
Lebanese	<input type="checkbox"/>
Libyan	<input type="checkbox"/>
Malay	<input type="checkbox"/>
Moroccan	<input type="checkbox"/>
Polynesian	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>
Yemeni	<input type="checkbox"/>
Any Other Ethnic Group	<input type="checkbox"/>

Any other White Background

Albanian	<input type="checkbox"/>
Bosnian-Herzegovinian	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Greek Cypriot	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Kosovan	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Turkish Cypriot	<input type="checkbox"/>
White Eastern European	<input type="checkbox"/>
White Western European	<input type="checkbox"/>
White Other	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>

Any Other Mixed Background

Asian & any other ethnic group	<input type="checkbox"/>
Asian & Black	<input type="checkbox"/>
Asian & Chinese	<input type="checkbox"/>
Black & any other ethnic group	<input type="checkbox"/>
Black & Chinese	<input type="checkbox"/>
Chinese & any other ethnic group	<input type="checkbox"/>
White & any other ethnic group	<input type="checkbox"/>
White & Chinese	<input type="checkbox"/>
Other mixed background	<input type="checkbox"/>

Any Other Asian Background

African Asian	<input type="checkbox"/>
Kashmiri Other	<input type="checkbox"/>
Nepali	<input type="checkbox"/>
Sinhalese	<input type="checkbox"/>
Sri Lankan Tamil	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>

Chinese

Hong Kong Chinese	<input type="checkbox"/>
Malaysian Chinese	<input type="checkbox"/>
Singaporean Chinese	<input type="checkbox"/>
Taiwanese	<input type="checkbox"/>
Other Chinese	<input type="checkbox"/>

Any Other Black Background

Black European	<input type="checkbox"/>
Black North American	<input type="checkbox"/>
Other Black	<input type="checkbox"/>

Any Other Black Background

Black European	<input type="checkbox"/>
Black North American	<input type="checkbox"/>
Other Black	<input type="checkbox"/>

Do not want ethnic origin to be recorded

Parent or Carer's signature:

Date:

RELIGION: Please tick one box which best describes your son or daughter's religion.

Christianity	<input type="checkbox"/>
Islam	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>