





Please complete all details then sign and date and return to the school office.

CHILD'S DETAILS					
Legal Surname		Date of Birth		Reg Grp	
Legal		Preferred Name		Gender	
Forenames					
Home Address					
Post Code					

Please give details of all those who have parental responsibility and other emergency contacts, in the order in we should contact them. Please obtain their consent to share their information with us.

PRIORITY	PARENT / CARER	CONTACT INFORMATION
1	Name & Relationship to Child	Address
		Post Code
	Tel:	Email:
	Mobile:	Work Tel:
2	Name & Relationship to Child	Address
		Post Code
	Tel:	Email:
	Mobile:	Work Tel:
3	Name & Relationship to Child	Address
		Post Code
	Tel:	Email:
	Mobile:	Work Tel:
4	Name & Relationship to Child	Address
_		Post Code
	Tel:	Email:
	Mobile:	Work Tel:

LUNCHTIME CHOICES Please tick (✓)						
School Meal		Packed Lunch		Free School Meal		
If you child has special dietary needs and is having a school meal please ask the office for a Special Diet Form						
If you think your child may be eligible for Free School Meals we are able to confirm this by a simple check in school.						
The school will receive funding even if your child does not choose to take a meal so please do complete the form.						

PREVIOUS SCHOOLS				
School	Date of entry	Date of leaving		

MEDICAL INFORMATION					
Medical Practice	Address			Telephone Number	
Dietary Needs/Allergies:					
Dictury Needs// Mergres.					
Medical Condition(s) or Disabilitie	es:				
Other health information the sch	nool should b	e aware of:			
		ETHNICITY			
How would you de	scribe vour cl	nild's Ethnic Group? Plea	se tick (✓)	one category below.	
I	-	s are based on the popu			
English, Welsh, Scottish, Northern Irish, British	White	and Black Caribbean	I	ndian	
Irish	White	and Black African	F	Pakistani	
Gypsy or Irish Traveller		and Asian		Bangladeshi	
Any other White background		ther Mixed / Multiple		Chinese	
		background		Any other Asian background	
African	Arab			decline to confirm my	
Caribbean	Any o	ther Ethnic Group		child's Ethnic Group	
Any other Black / African / Caribbean background					
		RELIGION			
		low. The categories are b		e population census	
No religion	I decli	ne to confirm my child's	Religion		
Christian (all denominations)	Buddl	nist	ŀ	Hindu	
Jewish	Musli	m	9	Sikh	
Any other religion (please describ	pe):				
FIRST LANGUAGE (language spoken at home) English I decline to confirm my child's First Language					
Any other language – (please describe):					
Are there any Court Orders in force in relation to care and control/custody of this child. Yes / No If Yes please give additional information separately.					
I confirm that this information is	correct, and	I will inform the school	if anything	changes.	
Name:					
Signature: Date:				Date:	
General Data Protection Regulation 2018: The school is registered under the Data Protection Act 1998 for holding personal data. The school has 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 and with the DfE. For more information please refer to the school's					

Privacy Notice for Pupils on our website or ask for a hard copy from the school office.