

**Childs Information**

Surname / family name on birth certificate \_\_\_\_\_

All Forenames \_\_\_\_\_ To be known as \_\_\_\_\_

Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ Home language \_\_\_\_\_

\_\_\_\_\_ Home Tel Number \_\_\_\_\_

**Parent (s) / Guardian (s) Information : who share responsibility for the child**

Relationship to child \_\_\_\_\_

Title : Mr/Mrs/Miss/Ms/ Other \_\_\_\_\_ Surname \_\_\_\_\_

Forenames \_\_\_\_\_ Mobile Tel \_\_\_\_\_

Address (if different to child) \_\_\_\_\_ Home Tel \_\_\_\_\_

\_\_\_\_\_ Work Tel \_\_\_\_\_

\_\_\_\_\_ Place of work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent (s) / Guardian (s) Information : who share responsibility for the child**

Relationship to child \_\_\_\_\_

Title : Mr/Mrs/Miss/Ms/ Other \_\_\_\_\_ Surname \_\_\_\_\_

Forenames \_\_\_\_\_ Mobile Tel \_\_\_\_\_

Address (if different to child) \_\_\_\_\_ Home Tel \_\_\_\_\_

\_\_\_\_\_ Work Tel \_\_\_\_\_

\_\_\_\_\_ Place of work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Custody and Court Orders:**

The school needs to know of any Court Orders affecting your child, please indicate whether any Order is in force for your child :

Yes



No



If yes, please specify (e.g residence, contact/access. Prohibited steps, specific issues) \_\_\_\_\_

\_\_\_\_\_

Other children in the family (i.e. names, ages, relationship) \_\_\_\_\_

\_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contacts. Please give a further two (or more) alternative persons who can be contacted in any emergency to act on your behalf

Name	Relationship to child	Daytime contact number	Location
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Family Doctor

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel Number \_\_\_\_\_

Child's health Health concerns ( e.g hearing, sight, special conditions, need for regular medication). Attach additional details if necessary, any known allergies?

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#### Previous and Present School

School, Playgroup etc	Address	Date of Admission	Date of last attendance	Reason for Leaving

#### Other Information

Is there any other information you feel we should be aware of (contact language religious considerations relating to custom, dress or prohibition; special diet etc)? If either parent is a member of HM forces please give details.

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Travel to School	Walk	<input checked="" type="radio"/>	Car	<input checked="" type="radio"/>	Public Transport	<input checked="" type="radio"/>
Lunch arrangements	Packed Lunch	<input checked="" type="radio"/>	School Lunch	<input checked="" type="radio"/>		

Childs Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_



### Ethnic & Cultural Information

Any other Asian background		Black - African		Refused	
Any other Black background		Black Caribbean		White - British	
Any other ethnic group		Chinese		White and Asian	
Any other ethnic group		Gypsy/Roma		White and Black African	
Any other mixed background		Indian		White and Black Caribbean	
Any other White background		Pakistani			

Country of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

### Any Medications you child takes at home

Name of Medication	Dose	Frequency

**Other Services** Other services that have been involved with the child (e.g. Social Services, Educational Psychologist, Bilingual Support Service, Speech Therapist, Portage: Teacher Advisors, Assessment Unit: Diagnostic Unit etc.)

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### Any Other Information?

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Childs Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_

