

**CHILD’S DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| CHILD’S SURNAME: |  | FIRST NAME: |  |
| HOME ADDRESS & POSTCODE: |  |
| DATE OF BIRTH: |  | PLACE OF BIRTH: |  |
| BIRTH CERTIFICATE NUMBER: |  |
| PLACE REQUIRED(part time nursery is called FOUNDATION) | FOUNDATION STAGE (AGE 3+) ⃝ RECEPTION CLASS ⃝ YEAR 1⃝ YEAR 2 ⃝ YEAR 3 ⃝ YEAR 4⃝ YEAR 5 ⃝ YEAR 6 ⃝ |

**PARENT’S DETAILS**

|  |  |
| --- | --- |
| TITLE: MR/MRS/MISS/MS (please circle)FIRST NAME:SURNAME: | TITLE MR/MRS/MISS/MS (please circle)FIRST NAME:SURNAME: |
| ADDRESS: (if different to child) | ADDRESS: (if different to child) |
| NATIONAL INSURANCE NO.  | NATIONAL INSURANCE NO. |
| HOME TELEPHONE NUMBER: | HOME TELEPHONE NUMBER: |
| MOBILE NUMBER: | MOBILE NUMBER: |
| EMAIL ADDRESS: | EMAIL ADDRESS: |
| DETAILS OF ANY PREVIOUS SCHOOL OR NURSERY  |

……………………………………………………………………………………………………………………………………………………………………..

NAME OF OTHER SIBLINGS AND THEIR AGE………………………………………………….……………………………………………...

**ETHNICITY/CULTURAL**

|  |  |  |
| --- | --- | --- |
| Mother tongue: | Religion:  | Ethnicity: |

**EMERGENCY INFORMATION** In case of emergency, please provide the name, relationship and telephone number of other contacts in case you are not available:-

|  |  |  |
| --- | --- | --- |
| NAME: | RELATIONSHIP: | TELEPHONE NO: |
| Mr/Mrs/Miss |  | Home:Mobile: |

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| MEDICAL PRACTICE: | DOCTOR’S NAME: |
| ADDRESS AND TELEPHONE NUMBER:  |  |

**HEALTH DETAILS**

Please give details of anything which might affect your child at school i.e., Asthma, Epilepsy, eczema, allergies etc ………………………………………………………………………………………………………………………………………………………………………

Please give details of any medication that needs to be kept at school:

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Is there any other information which school should know about:

………………………………………………………………………………………………………………………………………………………………………

Thank you for completing this form. Please give all the information required, which we are legally required to obtain for each pupil. This information is retained on our database, but individual pupil names are not used to collate the information. The Governing Body and the School are bound by Data Protection.

We also would like to contact you by email, text or by phone. Please confirm that you are happy for us to contact you in this way regarding your child and also regarding what is happening in school to keep you updated. Yes I am happy to be contacted in this way. **Please tick ⃝**

**If any of your details change, particularly email and mobile phone numbers please make sure to inform school.**

**PHOTOGRAPH PERMISSION:**

|  |  |
| --- | --- |
| I give my permission for my child to be photographed in school and for photographs to appear on the website, in local press or occasionally in the wider community. Your child’s named identity will not be provided. | YES/NO (delete as appropriate) |

SIGNED…………………………………………………………. (Parent/Guardian)

Date………………………………………………………………

**School use only**

Birth certificate seen………………………………….. Number……………………………………………..