

SURNAME:		FIRST NAME(S):	
DATE OF BIRTH:		PREVIOUS SCHOOLS WITH DATES:	
HOME ADDRESS:			
POST CODE:		HOME TEL NO:	
Email Address:		MOBILE NO: (PARENT/CARER)	
<b>NAME OF FATHER/CARER</b>		<b>NAME OF MOTHER/CARER</b>	
Mr		Mrs/Ms	
ADDRESS: (if different from above)		ADDRESS: (if different from above)	
POST CODE:		POST CODE:	
WORK/DAY TIME TEL NO:		WORK/DAY TIME TEL NO:	
BROTHER(S) (AGES)		BROTHER(S) (AGES)	
SISTER(S) (AGES)		SISTER(S) (AGES)	
ANY SPECIAL INFORMATION REGARDING FAMILY			
If the nature of your work could make day-time contact difficult, please give names of <b>TWO PERSONS</b> who may be reached in the event of an emergency			
<b>NAME</b>		<b>RELATIONSHIP</b>	<b>TEL NO</b>
1.			
2.			
<b>MEDICAL INFORMATION</b>			
FAMILY DOCTOR:		TEL NO:	
ADDRESS OF DOCTORS:			
POSTCODE:			
MEDICAL CONDITION(S): (Please note down anything that the school needs to be made aware of)			
Please note down any medication to be taken in school			
NAME/TYPE OF MEDICINE ETC		DOSAGE/OTHER INFORMATION	
ANY SPECIAL DIETARY NEEDS		MODE OF TRANSPORT TO SCHOOL	

<b>RACIAL ORIGIN</b> (please tick appropriate ethnic origin)				
White	Asian or Asian British	Black or Black British	Chinese or other ethnic group	Mixed
White British	Asian British	African	Chinese	White & Asian
White Irish	Bangladeshi	Black British	Gypsy	White & Black Caribbean
Polish	Indian	Caribbean	Irish Traveller	White & Black African
Slovakian	Pakistani	Nigerian	Roma	Other mixed background
Czech Republic	Any other Asian background	Somali	Yemeni	
Any other White background		Any other Black background	Other(give details)	
Prefer not to say				

**Do you consider your child to be a disabled person?** (Tick applicable)

Yes	No	Prefer not to say
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**LANGUAGES**

Languages spoken in the home

Languages understood by the child

**RELIGION/BELIEF** (Tick applicable)

<b>Buddhist</b>	<b>Christian</b>
<b>Hindu</b>	<b>Jewish</b>
<b>Muslim</b>	<b>Sikh</b>
<b>No religion/belief</b>	<b>Any other religion/belief (please specify below)</b>
<b>Prefer not to say</b>	

**Any special Religious requirements – prayer/diet/dress**

**LUNCHTIME ARRANGEMENTS – PLEASE TICK WHICH IS APPLICABLE**

<b>Free School Meal (Claim reference number if known)</b>	<b>School Meal</b>	<b>Packed Lunch</b>
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**PHOTOGRAPHS**

I do / do not give permission for my son to be photographed in School and for these photographs to be used on the school website, in the School Magazine, Newspapers, promotional documents and in displays around the School.

Signature of Parent/Carer:

Date:

Name of Parent/Carer: