

SURNAME:		FIRST NAME(S):	
DATE OF BIRTH:		PREVIOUS SCHOOLS WITH DATES:	
HOME ADDRESS:		HOME TEL NO:	
POST CODE:		MOBILE NO: (PARENT/CARER)	
Email Address:			
<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:	
IS YOUR SON A YOUNG CARER?			
NUMBER OF BROTHERS, IF ANY, AND THEIR AGES			
NUMBER OF SISTERS, IF ANY, AND THEIR AGES			
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**

In giving your consent, you are agreeing to the school using images of your child in this way for the duration of his school career and until six years after he leaves West Derby. However, **please note that you will be free to withdraw your consent at any time** and should notify us in writing if you wish to do so.

**Please tick the boxes and sign below to give your approval.**

- |   |  |
|---|--|
| School Prospectus <input type="checkbox"/>    | School Website <input type="checkbox"/>    |
| School Twitter feed <input type="checkbox"/>  | School Displays <input type="checkbox"/>   |
| School Presentations <input type="checkbox"/> | School Newsletter <input type="checkbox"/> |

Signature of Parent/Carer: .....

Date:.....

Name of Parent/Carer: .....

We will from time to time be asked to share pupil data with third parties; in cases where this is a non-statutory requirement we will seek your permission first. Please see our privacy notice for further information at [www.westderbyschool.co.uk](http://www.westderbyschool.co.uk)