

**Please complete the information below for our records.**

**PUPIL DATA**

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| --- | --- |
| **Previous School:** | …………………………………………………………….…………….. if applicable |
| **Surname:**  **Middle Name:**  **Date of Birth:**  **Address:**  **Birth Certificate:** | ……………………………………….. **Forename:** ………………………………….  ……………………………………….. **Chosen Name:** ……………………………..  ……………………………………….. **Gender: Male / Female**  ………………………………………………..…………………………………………  ……………………………..………... **Post Code:** ……………………...…………  Yes / No **Seen by:** ………………………………………………………………. |

**PARENT/GUARDIAN DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Parent/Guardian 1 | | | | | | | | | | Parent/Guardian 2 | | | | | | | | |
| Please tick: | MR / MRS / MISS / MS | | | | | | | | | | MR / MRS / MISS / MS | | | | | | | | |
| Last name |  | | | | | | | | | |  | | | | | | | | |
| First Name |  | | | | | | | | | |  | | | | | | | | |
| Date of Birth | D | | | M | | | | Y | | | D | | | M | | | Y | | |
| Home Tele No. |  | | | | | | | | | |  | | | | | | | | |
| Mobile Tele No. |  | | | | | | | | | |  | | | | | | | | |
| Work Tele No. |  | | | | | | | | | |  | | | | | | | | |
| Email address |  | | | | | | | | | |  | | | | | | | | |
| National Insurance No. |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**OTHER CONTACTS: Adults that may be contacted if your child has an accident or is taken ill during school hours. Please place them in the order that you wish for them to be contacted.**

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| 1. **Name ………………………………………………….. Tele No. Mobile ………………………………….**   **Relationship ………………..…………………………………………………………………………………**   1. **Name ………………………………………………….. Tele No. Mobile ………………………………….**   **Relationship ………………..…………………………………………………………………………………** |

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| **Meal Arrangements:** Free Meal Paid Meal Sandwiches (Please tick)  **Dietary Needs/Allergies: …………………………………………………………………………………………..** |
| **Travel Arrangements:** Bus Car Bicycle Train Walk Taxi (Please tick) |
| **Ethnicity :** White-British White-Irish White-Black-Caribbean    White-Black-African White-Asian Any other White background  Black-Caribbean Black-African Any other Black background    Pakistani Indian Any other Asian background  Chinese **Other**: Please specify ………...……………..…………. |
| **Home Language:** English **Other**: Please specify ……………………………………………. |
| **Religion**: Buddhist Catholic Christian Hindu Jewish Muslim Sikh  **Other**: Please specify …………………………………………….………… . None |

**Data Protection Act 1998:** The school is registered under the Data Protection Act for holding personal data and 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 Education Authority and with the DfES.

**Pupil Premium:** Extra funding for your child may be available via Pupil Premium. Please sign and give permission for school to use information on this form to check your child’s eligibility. Further information regarding Pupil Premium is available <https://www.gov.uk/guidance/pupil-premium-information-for-schools-and-alternative-provision-settings>

**Name of person with parental responsibility:** .……………………….………………………….…

**Signature:** …….……………………….……………………….…..…. **Date:** ………………..………….

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM**