



The school is required by Data Protection legislation to comply with good practice in respect of the information collected here and to manage it securely. Please complete this form fully to ensure we have all the relevant information and to help us to keep the information up to date. For ease of reading and copying, it would be greatly appreciated if you could complete the form using a black pen.

CHILD											
Legal surname of child:	Preferred Surname										
Legal forename of child	Preferred Forename										
Child's Date of Birth:	Boy/Girl			Parent/Guardian 2							
Parent/Guardian 1											
Title:	First Name			Title: First Name							
Surname	Surname			Surname							
Does this parent/guardian have parental responsibility?	Y	N	Does this parent/guardian have parental responsibility?								
If parents are separated or divorced has a Court Order been issued	Y	N	If parents are separated or divorced has a Court Order been issued			Y	N				
Address Details of Parent/Guardian1											
Address:	Address:										
Post Code:	Post Code: <i>Proof of child's address will be required</i>										
Telephone number	Telephone number										
Please tick if child lives at this address:	Please tick if child lives at this address:										
Email:	Email:										
Medical Details											
Doctor's Name	Doctor's Surgery:			Doctor's Telephone No:							
Medical Conditions of Child											
Dietary Needs											
Has a statement of Special Educational Needs been issued in respect of your child?											
Name and address of previous school/nursery (if applicable)			Y			N					
Position of child in family (please circle): 1 2 3 4 5											
Nursery Place Options			Morning			M, T, Wam			Wpm, T, F		
Please list preferred session (1 st , 2 nd)											
All week, at a cost of £15, depending on code and eligibility check.											

Other children in the family

Name:	DOB:	School:	
Name:	DOB:	School:	
Name:	DOB:	School:	

EMERGENCY CONTACTS

Please list below all Parents and Contacts and use the first column (Priority number) to show in which order people should be contacted in the case of an emergency. These are very important to us. If you child becomes ill during the day we need to be able to contact you, or someone acting for you who are able to collect your child. Please give at least two contact numbers.

We suggest the telephone numbers of any place of work and one other emergency contact, perhaps a grandparents of they live close by. If you have no relatives in the area then ask a friend, neighbour or child minder if they would be willing to act as an emergency contact.

Emergency Contact Details

Priority	Name	Relationship	Address (including postcode)	Telephone number (please specify home/work/mobile)
				1. 2.
				1. 2.
				1. 2.
				1. 2.

Ethnically based statistics (to be completed on behalf of all children).

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

Ethnic Origin of Child (please tick applicable option)

White British	White	White and Black Caribbean	White Irish	White and Black African	White and Asian
Any other background	Any other mixed background	Bangladeshi	Indian	Kashmiri Pakistani	Kashmiri Other
Other Asian	Other Pakistani	Black African	Black Caribbean	Gypsy/Roma	Traveller of Irish Heritage
White Eastern European	White Western European	Chinese	Any other ethnic group	Prefer not to say	

Home language of child:	First Language of child:	Religion of child:
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Signature _____ Date _____

Name (in block capitals) _____ Title _____