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| **Section 1**  **PUPIL DETAILS – CONFIDENTIAL**  *Please remember to advise school immediately if any details change.*  **Child’s Legal Surname:** ……………………………………………. **Forenames:** …………………………………………………….  Known as: ……………………………………………………….  **Date of Birth:** ………………………………………………. **Gender: Male** **Female**    **Home address:** …………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………  **Postcode:** …………………………………………… **Telephone Number:** ………………………………………. |
| **Section 2**  **HOME CONTACT DETAILS**  **ADULDS AT THE HOME RESPONSIBLE FOR THE CHILD**  **FIRST CONTACT: Title: …………… Forename: ………………………………. Surname: …………………………………**  **Relationship to Child: …………………………………Parental Responsibility: Yes / No\* (please delete)**  **Address: ……………………………………………………………………… Home Number: …………………………………….**  **……………………………………………………………………................. Work Number: …………………………………….**  **……………………………………………………………………………………. Mobile Number: ……………………………………**  **Postcode: ……………………………………………………………………. Email: …………………………………………………….**  **SECOND CONTACT: Title: …………… Forename: ………………………………. Surname: …………………………………**  **Relationship to Child: …………………………………Parental Responsibility: Yes / No\* (please delete)**  **Address: ……………………………………………………………………… Home Number: …………………………………….**  **……………………………………………………………………................. Work Number: …………………………………….**  **……………………………………………………………………………………. Mobile Number: ……………………………………**  **Postcode: ……………………………………………………………………. Email: …………………………………………………….**  ***Children Act 2004. The school will assume that arrangements have been made to share information between parents, where the child does not reside with both. The school will also assume that daily responsibility for the child resides with the adult(s) named in section 2. Any other information you wish to provide concerning access and related matters should be given here:***  **…………………………………………………………………………………………………………………………………………………………** |
| **Section 3:**  **EMERGENCY CONTACT**  The information is section 2 above will be used to contact parents/career in case of an emergency concerning their child, e.g., accidental injury. Please complete the section below to give additional emergency contact numbers. If parents/carers do not supply this information or inform the school of any changes then the school cannot be held responsible for any delay in contacting and informing them.  FURTHER EMERGENCY CONTACTS – in addition to the Home Contacts: above:  **3. Name:** ………………………………………………………. **Relationship:** …………………………………………………………  **Address:** ………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………………  **Telephone Number:** …………………………………………… **Mobile Number:** ……………………………………………….  **4. Name:** ……………………………………………………... **Relationship:** ……………………………………………………………  **Address:** ………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………….  **Telephone Number:** …………………………………………. **Mobile Number:** ………………………………………………. |

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| **Section 4**  **DIETARY INFORMATION**  Please indicate below any dietary requirements/needs.  School Meal: Any other information you wish to provide: …………………………………………………….  Packed Lunch: …………………………………………………………………………………………………………………………  Vegetarian: …………………………………………………………………………………………………………………………. |

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| **Section 5**  **MEDICAL INFORMATION**  Please note that pupils will normally participate in Physical Education. If there is any past medical history or present medical condition which might limit these activities, please let us know in writing.  If you consider there is nothing to record, please write NIL in this box:  **FAMILY DOCTOR DETAILS:**  **Name**: …………………………………………………………………… **Telephone Number:** …………………………………………….  **Address:** ……………………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………  **Permission to:**  Contact Doctor in case of emergency: Administer first aid: (Please tick)  **Any relevant medical information (allergies, asthma, wearing spectacles, hearing aid, etc.)**  **………………………………………………………………………………………………………………………………………………………**  **………………………………………………………………………………………………………………………………………………………**  **Any additional information you may wish to give:** |

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| **Section 6**  **ETHNIC/CULTURAL**  Please tick one box to indicate your child’s cultural background:  **White: Black or Black British:**  (please state)  British:  Irish  **Any other white background:**  (please state)  **Mixed Dual Background: Asian or Asian British:**  (please state) (please state)  **Chinese: Any other ethnic group:**  **Nationality: Country of Birth: First Language:**  Any disability or language needs that you wish us to be aware of: ……………………………………………………….  ……………………………………………………………………………………………………………………………………………………………….  Religion: ………………………………………………………………………………………………………………………………………………… |

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| **Section 7**  **Mode of Transport**  **Method of transport to school:**  Walk: Car: Car share: Cycle: Bus: |

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| **Section 8**  Please indicate below if you would like to join our email/newsletter/information/website service by adding your details in the appropriate box.  :  **Email Service:** |

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| **Section 9**  **Previous school attended**: ……………………………………………………………………………………………………………………  **Address: ……………………………………………………………………………………………………………………………………………**  **………………………………………………………………………………………………………………………………………………………….**  **Post Code: ………………………………………… Telephone No: ……………………………………………………………………** |

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| **Section 10**  Other children from the same household currently attending Grewelthorpe C E Primary School:  Name: ………………………………………………………………………. Relationship: ………………………………………………….  Name: ………………………………………………………………………. Relationship: ………………………………………………….  Name: ………………………………………………………………………. Relationship: …………………………………………………. |
| **For Office Use Only:**  **Admission date: …………………………………….**  **Roll No: ………………………………………………… UPN: ………………………………………………………………………………**  **Pupil admitted to class: …………………………………………………. CTF/Records received: Yes/No** |