

PLEASE ENSURE THAT BOTH SIDES OF THIS FORM ARE COMPLETED IN FULL.

PUPIL INFORMATION		
Legal Surname (as shown on birth certificate):		
Preferred Surname (if different to above):		
Forename: Middle Name(s):		
Gender: Date of Birth:		
PREVIOUS SCHOOL (if applicable)		
Name:		
Address:		
Telephone number:		
PERSONAL DETAILS		
Ethnic Origin:		
Home Language: First Language:		
Religion:		
GP/MEDICAL INFORMATION		
Please complete separate health information sheet.		
HOW DO YOU USUALLY TRAVEL TO SCHOOL?		
Bus □ Car □ Walk □ Other □		
LUNCHTIME MEAL ARRANGEMENTS		
Paid School Meal □ Eligible for Free School Meal □ Packed Lunch □ Home □		
Take Control Media — Cingistro For Free Control Media — Facilità — Fichillà —		
PARENT / GUARDIAN - 1		
Surname: Forename:		
Relationship: Day 'Phone No:		
Home Address:		
Fibrile Addi ess.		
Post Code:		
Home Tel No:		
Mobile No:		
Does the child live at this address? YES \square NO \square		
Is Parent/Guardian Member of HM Forces YES NO		
PARENT / GUARDIAN - 2		
Surname: Forename:		
Relationship: Day 'Phone No:		
Home Address		
Home Address		
Post Code:		
Home Tel No:		
Mobile No:		
Does the child live at this address? YES NO		
Is Parent/Guardian Member of HM Forces YES □ NO □		

EMERGENCY CONTACT INFORMATION

FIRST CONTACT	
Name:	
Relationship to Child:	
Address:	
Tel No:	Mobile No:
SECOND CONTACT	
Name:	
Relationship to Child:	
Address:	
Tel No:	Mobile No:
THIRD CONTACT	
Name:	
Relationship to Child:	
Address:	
Addi 633	
Tel No:	Mobile No:
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In the event of a local newsp	aper taking photographs in school, do you give your permission for them to
	child? No names will be given without your permission. YES/NO
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Data Protection Act 1998	2
	er the Data Protection Act for holding personal data. The school has a
5	tion and to keep it up to date. The school is required to share some of the
data with the Local Authority	·
dara wiini ino 200a ,	, and with the boot.
Signed (Parent/Guardian)	Date
Digited (i di bili, bad. a.d,	
Tf way have difficulty in	sampleting this form places do not begit at a to call into the
•	completing this form, please do not hesitate to call into the
school office for assista	ince.
FOR OFFICE USE ONLY	
Date of Admission:	Birth Certificate Seen:
Year Group:	Reg. Group:
Date entered on Computer	: