



Pupil Registration Details 2017

Surname _____ First Name _____

Middle Names _____ Chosen Name _____

Male / Female (*Please delete*) _____ DOB _____

Address _____

Post Code _____ Home Tel No. _____

Home e-mail _____

Full names of adults with Parental Responsibility at the above address

_____ Relationship to child _____

_____ Relationship to child _____

Should an emergency occur at school it is sometimes necessary to make contact during the day. Please list in order of preference four people that you would like us to contact. (*This may include you or your partner.*)

1. **Name** _____ Relationship to child _____

Daytime Address _____ Tel _____

Mobile _____ Email _____

2. **Name** _____ Relationship to child _____

Daytime Address _____ Tel _____

Mobile _____ Email _____

3. **Name** _____ Relationship to child _____

Daytime Address _____ Tel _____

Mobile _____ Email _____

4. **Name** _____ Relationship to child _____

Daytime Address _____ Tel _____

Mobile _____ Email _____

Name of Doctor _____ **Tel** _____

Does your child have any medical condition or dietary requirements? YES / NO

(If YES please complete the Medical Healthcare Plan.)

Are there any Court Orders which relate to the child? YES / NO

(If YES please provide details with copies of relevant documents.)

We are required by the DfCSF to gather information with regard to ethnic origin and religion using the following categories. We would be grateful if you would assist us by completing the following:

Ethnic background *(Please underline one.)*

White

British
Irish
Traveller of Irish Heritage
Gypsy/Roma
Any other White Background

Black or Black British

Caribbean
African
Any other Black Background

Mixed

White and Black Caribbean
White and Black African
White and Asian
Any other mixed background

Asian or Asian British

Indian
Pakistani
Bangladeshi

Chinese

Any other ethnic background

I do not wish my ethnic background to be recorded

Nationality: *(Please specify.)* _____

Any languages used in your home *(Please underline all that apply.)*

Bengali	Greek	Italian	Spanish
Cantonese	Gujarati	Panjabi	Turkish
English	Hindi	Portuguese	Urdu
Other (Please specify)			

The pupil's mother tongue *(Please underline one.)*

Bengali	Greek	Italian	Spanish
Cantonese	Gujarati	Panjabi	Turkish
English	Hindi	Portuguese	Urdu
Other (Please specify)			

Religion (please underline)

Anglican	Jewish	Sikh
Baptist	Methodist	United Reform Church
Christian	Muslim	Other (Please specify)
Hindu	Roman Catholic	No Religion

We have been requested by the DfCSF to provide details of modes of travel by all pupils
The **MAIN** mode of transport used by the above pupil is: (please circle)

Walk	Public Service Bus	Taxi
Cycle	Dedicated School Bus	Other
Car/Van	Car Share	

Are you a member of the armed forces? **Yes / No** *(Please circle.)*

Previous School if applicable

School Name Tel.....

Signed Parent/Adult with Parental Responsibility Date