

STAFFORDSHIRE COUNTY COUNCIL

Child's Name _____ **DOB** _____

Address _____

Postcode _____ **Tel** _____

School _____

PLEASE READ THE ENCLOSED LEAFLET CAREFULLY BEFORE COMPLETING THIS FORM

1. The following adults live with the child and act as parent:

FULL NAME	RELATIONSHIP TO CHILD	
		YES/NO
		YES/NO
		YES/NO

2. The following adults have parental responsibility but **do not live with the child**

FULL NAME	RELATIONSHIP TO CHILD	ADDRESS

3. Are there any Court Orders which relate to the child? E.g. Custody Orders – Section 8 Orders under the Childrens Act 1989

YES NO

If **YES** please state what they are: _____

This information will be transferred to the school's computer system. Under the Data Protection Act 1984, anyone named above has the right to know that information about them has been collected and given an opportunity to check its accuracy.

This form should be signed by someone with parental responsibility wherever possible.

Please return it to the school as soon as possible.

SIGNED _____

PRINT NAME _____

RELATIONSHIP TO CHILD _____

DATE _____