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| **Pupil Details** | |
| Legal Forename: | Legal Surname: |
| Middle names: | Date of Birth: |
| Gender: | Date of Admission: |
| Home Address: | |
| Postcode: | Home Telephone: |
| Do both parents live at the above address? YES NO *Please circle* | |
| **Parent Details** | |
| Name of Mother/Carer: Mrs/Ms/Dr/Other | Name of Father/Carer: Mr/Dr/Other |
| Address (if not the same as above)  Home telephone: | Address (if not the same as above)  Home telephone: |
| Work/Daytime phone number:  Place of work:  Mobile phone number: | Work/Daytime phone number:  Place of work:  Mobile phone number: |
| Email address: | Email address: |
| **Separated/ Divorced parents only** | |
| Do both parents have parental responsibility? YES NO *Please circle*  If no which parents has parental responsibility? | |
| Name of brothers/ sisters attending (or have attended) Woodcocks’ Well CE (VA) Primary School |  |

Please give details of up to three **other people** who maybe contacted on your behalf in case of an emergency.

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| 1. | Title: Mr/ Mrs/ Miss/ Ms/ Dr/ Other  Forename:  Surname:  Address: | Home phone number:  Mobile phone number:  **Daytime phone number:**  Contact’s relationship with the pupil: |
| 2. | Title: Mr/ Mrs/ Miss/ Ms/ Dr/ Other  Forename:  Surname:  Address: | Home phone number:  Mobile phone number:  **Daytime phone number:**  Contact’s relationship with the pupil: |
| 3. | Title: Mr/ Mrs/ Miss/ Ms/ Dr/ Other  Forename:  Surname:  Address: | Home phone number:  Mobile phone number:  **Daytime phone number:**  Contact’s relationship with the pupil: |

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| Medical Details | |
| Name of medical practice: | Please give details of any medical condition, allergies, dietary needs or any other relevant information which you feel we should be aware of: |
| Address of medical practice: |
| Medical practice phone number: |
| Lunch Arrangements | |
| Please circle where applicable:  **Free School Meals Sandwiches from home School Meal Combination of sandwiches and school meal** | |
| Travel to and from school | |
| Please circle where applicable:  **Bicycle Car Public Transport Taxi Walks** | |

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| Previous Nursery/ School Information  *Nursery/ School attended* ***prior*** *to admission to Woodcocks’ Well CE (VA) Primary School* | |
| Name:  Telephone number: | Address: |

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| Pupil’s Ethnic Details  *Please complete the pupil’s ethnic details in the columns below. This information is required for government – DFES statistical purposes* | | | | | |
| Ethnicity (please tick) | Home Language | Mother tongue | National Identity | Religion |
| Asian – Bangladeshi |  |  |  |  |
| Asian – Indian |  |  |  |  |
| Asian – Pakistani |  |  |  |  |
| Black – African |  |  |  |  |
| Black - Caribbean |  |  |  |  |
| Chinese |  |  |  |  |
| Gypsy/Roma |  |  |  |  |
| Traveller of Irish Heritage |  |  |  |  |
| White – British |  |  |  |  |
| White – Irish |  |  |  |  |
| Mixed – White and Asian |  |  |  |  |
| Mixed – White and Black African |  |  |  |  |
| Mixed – White and Black Caribbean |  |  |  |  |
| Any other Asian background |  |  |  |  |
| Any other Black background |  |  |  |  |
| Any other ethnic background |  |  |  |  |
| Any other mixed background |  |  |  |  |
| Any other white background |  |  |  |  |

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| Signed mother/ carer | Print name mother/ carer | Date: |
| Signed father/ carer | Print name father/ carer | Date: |

If you wish to provide any additional information please use the reverse of this form.

*The information provided on this form is subject to the Data Protection Act 2018*