Student's Surname: | Male / Female

Year Group **Form**

Forename/s (please underline the one by which the student is known)

Date of birth

/ /

The Student's Main Residential Address:

Postcode:

Telephone:

The information which you enter on this form is required for the efficient organisation of the school and the children's educational needs. It will be kept on the office computer under restricted access and is subject to the provisions of the Data Protection Act 1998. The information will be disclosed only to the Education Authority, the Health and Welfare agencies or where a law or an emergency necessitates a disclosure. The information held must be kept up to date by law and so if any of the information which you now supply changes in the future, you should notify the school in writing or ask for another of these forms.

Name of Parents/Carers with whom student lives with at the student's main residential address:

1. Name (Mr/Mrs/Miss/Ms):_____ **2.**Name Mr/Mrs/Miss/Ms):_____

Relationship to student: _____ Relationship to student: _____

Legal Parental Responsibility: YES / NO Legal Parental Responsibility: YES / NO

Signature: _____ Signature: _____

Date: / / Date: / /

Email Address (Parent/Carer 1) _

(Parent/Carer 2) _

Emergency contact numbers: Please indicate below who you would like us to contact if your child is ill in the school or in the event of an emergency. (This should be someone who is able to collect your child). E.g. 1. Mother, 2. Father, 3. Relative or Neighbour.

Please Note: The mobile phone number of contact 1 below is the number we will use for our text alert system.

1. Name: Relationship to student:

Home Tel: *Mobile Tel: Work Tel:

2. Name: Relationship to student:

Home Tel: Mobile Tel: Work Tel:

3. Name: Relationship to student:

Home Tel: Mobile Tel: Work Tel:

Siblings: Please indicate below if there are any brothers/sisters at Shevington High School.

Name(s) **Form**

Any medical conditions/information:

Doctor's Name:

Surgery: **Tel:**

Last school attended and telephone number:

STUDENT ABSENCE - IMPORTANT

In order to keep our absence monitoring system at its very best, it is necessary for you to keep the reception informed of any absence or lateness which involves your child. **IT IS THE SCHOOL POLICY THAT YOU SHOULD CONTACT RECEPTION BEFORE 9.00 AM ON THE FIRST DAY OF YOUR CHILD'S ABSENCE.** Any absences that have not been notified to reception will be marked in the register as ***unauthorised*** and may be passed on to the ESW (Education Social Worker) for further investigation. Please sign below to indicate that you are aware of this procedure.

Signed: …… (Parent/Guardian) **Date:** ……

For your child's safety and well-being we need to seek your permission for him/her to participate in certain activities. Please could you SIGN in the relevant box to indicate your wishes.	**PLEASE SIGN**	
	Permission Granted	**Permission Not Granted**
For first aid to be administered or ambulance called, if necessary.		
For my child to travel in the school minibus. The minibus is fitted with seatbelts and these must be worn.		
For my child to take part in school trips and other activities that take place off school premises.		
For my child's image or photograph to be used for school publicity. E.g. the school website, newsletters, videos.		
For data to be shared with the Careers Service team.		

In the event of an unforeseen closure of the school all students will be sent home after a text message has been sent by us notifying you of the closure (please complete the mobile number for contact 1 on the reverse of this form). Students will only be kept on site to be collected if you request us to do so in writing.

Is the student a looked after child (e.g. fostered)? Yes ☐ No ☐

Is the student a post looked after child (i.e. adopted)? Yes ☐ No ☐

Usual Type of Meal Taken in the school at Lunch time: School Meal ☐ Packed Lunch ☐

Usual Mode of Travel to the school (please indicate): Bus ☐ Walk ☐ Bicycle ☐ Taxi ☐ Car ☐

HM Forces:

Is there a parent of the student serving in HM Forces currently/has done in the past six years or receiving a Forces Pension? Yes ☐ No ☐

Student's Ethnic Origin Data (Please tick one of the following):

White - British	☐	White & Black – Caribbean	☐	Any other White background	☐
White – Irish	☐	White & Black – African	☐	Any other Black background	☐
White - Other	☐	White & Asian	☐	Any other Asian background	☐
Black – Caribbean	☐	Indian	☐	Any other mixed background	☐
Black – African	☐	Pakistani	☐	Any other ethnic group	☐
Black – Other	☐	Chinese	☐		

Student's Main Language Spoken at Home: ……

Student's First Language During Early Years: ……

Student's Religious Affiliation (Please tick one of the following):

Christian	☐	Muslim	☐	Jehovah's Witness	☐	Sikh	☐	Jewish	☐
Buddhist	☐	Other	☐	Unclassified	☐	Islam	☐	No Religion	☐

Optional

Student's Country of Birth:……

Student's Nationality (as stated on passport):……

Name of Parents/Carers <u>not living</u> at the home address who have a right to receive information about the pupil (reports, parents evening dates etc.):

1. Name (Mr/Mrs/Miss/Ms):________________________________

Relationship to student: ___________________________________

Legal Parental Responsibility: YES / NO

Signature: ____

Date: / /

2.Name Mr/Mrs/Miss/Ms):_______________________________

Relationship to student: _______________________________

Legal Parental Responsibility: YES / NO

Signature: ____

Date: / /

Email Address (Parent/Carer 1) _

(Parent/Carer 2) _