

White Laith Primary School

Your Child's Surname Middle Name(s) Forename

Legal Surname Chosen Name (if different to Forename)

Please provide a copy of birth certificate Date of Birth/...../..... Gender (M/F)

Please give details of brothers/sisters who are attending or have previously attended our school:

Name : Class :

Name : Class :

Name : Class :

ADDRESS OF CHILD

Street : Town :

Postcode : Home Telephone No :

Please give details of all persons who can be contacted in an emergency.

Please use the CONTACT PRIORITY (Numbers 1-4) to indicate the preferred order in which contacts should be contacted. If you wish to give more than 4 contacts please use a separate piece of paper.

PARENT/ CARER DETAILS

Surname : Forename : Title : Date of Birth

Daytime Tel No : Daytime Place (if not home) :

Mobile No : Email Address :

Home Address :

..... Post Code : Home Tel No :

Please indicate relationship to child (e.g. Parent / Step Parent) :

Does the above named contact have **Legal Parental Responsibility** for the child :

Contact Priority :

PARENT / CARER DETAILS

Surname : Forename : Title : Date of Birth

Daytime Tel No : Daytime Place (if not home) :

Mobile No : Email Address :

Home Address :

..... Post Code : Home Tel No :

Please indicate relationship to child (e.g. Parent / Step Parent) :

Does the above named contact have **Legal Parental Responsibility** for the child :

Contact Priority :

OTHER CONTACT DETAILS

Surname : Forename : Title : Date of Birth

Daytime Tel No : Daytime Place (if not home) :

Mobile No : Email Address :

Home Address :

..... Post Code : Home Tel No :

Please indicate relationship to child (e.g. Parent / Step Parent) :

Does the above named contact have **Legal Parental Responsibility** for the child :

Contact Priority :

OTHER CONTACT DETAILS

Surname : Forename : Title : Date of Birth

Daytime Tel No : Daytime Place (if not home) :

Mobile No : Email Address :

Home Address :

..... Post Code : Home Tel No :

Please indicate relationship to child (e.g. Parent / Step Parent) :

Does the above named contact have **Legal Parental Responsibility** for the child :

Contact Priority :

TRAVEL ARRANGEMENTS : Please tick appropriate box

Car	School Coach	Bus	Train	Taxi	Bicycle	Walk	Other
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DINNER ARRANGEMENTS – Please tick appropriate box

School Dinner Paid	School Dinner Free	Sandwiches	Home	Other
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Special Dietary Needs :

MEDICAL INFORMATION

Doctor's Name : Tel No :

Address of Practice :

Medical conditions / allergies (of which school should be aware)

IF YOUR CHILD IS ASTHMATIC PLEASE SEND AN INHALER TO SCHOOL

EDUCATIONAL HISTORY (if applicable)

Previous School / Nursery

Address

Dates of Starting & Leaving

.....

.....

...../...../..... to/...../.....

.....

.....

...../...../..... to/...../.....

Does your child attend another nursery if so where and which days do they attend

.....

Please tick the relevant box

RELIGION	
Christian	
Hindu	
Jewish	
Muslim	
Rastafarian	
Sikh	
No Religion	
Other – Please State	

Does your child qualify for Disability Living Allowance | Y / N

HOME LANGUAGE	
English	
If not English please state home language	
Is English an additional language (Y/N)	
We do not wish a home language to be recorded	

ETHNICITY			
White British		Chinese	
Black British		Gypsy / Romany	
White / Indian		Indian	
White / Black African		Kashmiri	
White / Black Caribbean		Pakistani	
Any other mixed background – please state		White European - East / West	
Black African		Other	
Black Caribbean		Refused	

COUNTRY OF BIRTH	
NATIONALITY	
PARENT WORKING IN THE ARMED FORCES (Y/N) :	

INFORMATION GIVEN BY	Parent	Pupil	Other (Specify)
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SIGNATURE(S) of persons who have legal responsibility for this pupil

Signed Date