



**PLEASE COMPLETE BOTH SIDES OF THIS FORM USING BLOCK LETTERS**

PUPIL DETAILS:						
LEGAL Surname			LEGAL Forename:			
Preferred Surname:			Preferred Forename:			
Middle Name(s):		Date of Birth:		Male / Female	Year Group:	
Home Address of Pupil:						
Postcode:			Home Telephone:			

Please list below the details of all parents / carers along with at least one other person you wish to be contacted in an emergency (i.e. minimum of 2 separate addresses). \*Please note: School will only discuss pupil information with contacts that have parental responsibility.

**ALL FIELDS MUST BE FULLY COMPLETED**

PARENT / CARER 1			
Surname:		Forename:	
Title: Mr/Mrs/Ms/Miss/Other		Relationship To Pupil:	
Mobile Number:		Home Telephone:	
Home Address:		Daytime Telephone & Place of Work:	
Postcode:		Email Address (this will be used for home/school correspondence):	
Parental Responsibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Correspondence:	<input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT / CARER 2			
Surname:		Forename:	
Title: Mr/Mrs/Ms/Miss/Other		Relationship To Pupil:	
Mobile Number:		Home Telephone:	
Home Address:		Daytime Telephone & Place of Work:	
Postcode:		Email Address (this will be used for home/school correspondence):	
Parental Responsibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Correspondence:	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER EMERGENCY CONTACT			
Surname:		Forename:	
Title: Mr/Mrs/Ms/Miss/Other		Relationship To Pupil:	
Mobile Number:		Home Telephone:	
Home Address:		Daytime Telephone & Place of Work:	
Postcode:			

**CONTINUED OVERLEAF**

**ALL FIELDS MUST BE FULLY COMPLETED**

RELIGION			
Is your child baptised Catholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which Parish do you live in?	
Please state religion			

NATIONALITY (Child's information)			
Country of Birth		Nationality	
Date of arrival into UK (if applicable)		Ethnicity	
Current home language (The language that is used at home for conversation)			
First language exposed to (The first language that you spoke to your child in)			

CURRENT SCHOOL	
Which school does your child attend?	

MEDICAL INFORMATION			
Doctor's Name		Surgery address	
Please give details of any important medical conditions or history. If you feel that there are confidential matters for this section, please speak to the Head of Year.			

BROTHERS AND SISTERS AT ST CUTHBERT'S	
Name	Form

ADDITIONAL INFORMATION			
MODES OF TRANSPORT		MEALS	
<input type="checkbox"/> Dedicated School Bus - Bus number (if known) _____		Do you believe that your child is entitled to free school meals, or has received free school meals at any time in the last 6 years? (See the school website or contact school for details of eligibility).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Public Bus <input type="checkbox"/> Taxi			
<input type="checkbox"/> Car <input type="checkbox"/> Walk		Please indicate below which type of lunch your child regularly has:	
<input type="checkbox"/> Cycle <input type="checkbox"/> Other _____		<input type="checkbox"/> School Meals	<input type="checkbox"/> Sandwiches
EMERGENCY CLOSURE OF SCHOOL In the event of an emergency school closure I wish for my son/daughter to do the following (please tick):			
Be allowed to leave for home immediately, without the need for parental contact			
To remain in school until parental permission is given directly (pupils would have to leave school at 2.50pm regardless).			

**PARENTAL CONSENT**  
 I give consent for my child to be included in the following:

• Biometric Registration	• Electronic Communication	• Copyright Permission	• Internet access	• Photograph Student
• Sex Education	• Data Exchange	• Youth Support Services	• School Visit	

(Please delete any you wish to decline permission for).

I understand that where I have indicated that my child's photograph or video image may be used, this will be for school and curriculum purposes only and may be used for displays, promoting a positive image of the school, newsletters, press releases etc., and that my child's name will not be included in published images.

Signature \_\_\_\_\_ Parent/Carer    Date \_\_\_\_\_

**PLEASE COMPLETE AND RETURN ASAP**