|  |  |  |  |
| --- | --- | --- | --- |
| Pupil’s first name |       | Pupil’s preferred name (if different) |       |
| Pupil’s middle name |       | Pupil’s surname |       |
| Sex | M [[ ] ]/ F [[ ] ] | Date of Birth |       |
| Year Group |       | Class Teacher |       |
| Address |       |
| Postcode |       |
| Home Telephone Number |       |
| Contact Email Address |       |
| Parent/Guardian Name/s |       |
| Siblings currently attending St. Peter’s |       |

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency, prioritised in the order that you wish for them to be contacted.

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENT/GUARDIAN**TITLE & FULL NAME | MR/MRS/MS/MISS/DR/Other (please specify)      | ADDRESS/POSTCODE | Same as above [[ ] ] |
|       |
| RELATIONSHIP TO PUPIL |       |       |
| HOME TEL NUMBER |       |
| MOBILE |       |
| WORK TEL NUMBER |       | Email (if applicable) |       |
| NATIONAL ASYLUM SUPPORT SERVICE NUMBER (if applicable) |       |
| PERMISSION TO COLLECT CHILD | Yes [[ ] ] No[[ ] ] |
| PARENTAL RESPONSIBILITY | Yes [[ ] ] No[[ ] ] |
| EMERGENCY CONTACT PRIORITY  | 1 [[ ] ] 2 [[ ] ] 3 [[ ] ] |

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| --- | --- | --- | --- |
| **PARENT/GUARDIAN**TITLE & FULL NAME | MR/MRS/MS/MISS/DR/Other (please specify)      | ADDRESS/POSTCODE | Same as above [[ ] ] |
|       |
| RELATIONSHIP TO PUPIL |       |       |
| HOME TEL NUMBER |       |
| MOBILE |       |
| WORK TEL NUMBER |       | Email (if applicable) |       |
| NATIONAL ASYLUM SUPPORT SERVICE NUMBER (if applicable) |       |
| PERMISSION TO COLLECT CHILD | Yes [[ ] ] No[[ ] ] |
| PARENTAL RESPONSIBILITY | Yes [[ ] ] No[[ ] ] |
| EMERGENCY CONTACT PRIORITY  | 1 [[ ] ] 2 [[ ] ] 3 [[ ] ] |

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| --- | --- | --- | --- |
| **OTHER EMERGENCY CONTACT**TITLE & FULL NAME | MR/MRS/MS/MISS/DR/Other (please specify)      | ADDRESS/POSTCODE | Same as above [[ ] ] |
|       |
| RELATIONSHIP TO PUPIL |       |       |
| HOME TEL NUMBER |       |
| MOBILE |       |
| WORK TEL NUMBER |       | Email (if parental responsibility) |       |
| PERMISSION TO COLLECT CHILD | Yes [[ ] ] No[[ ] ] |
| PARENTAL RESPONSIBILITY | Yes [[ ] ] No[[ ] ] |
| EMERGENCY CONTACT PRIORITY  | 1 [[ ] ] 2 [[ ] ] 3 [[ ] ] |

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| --- | --- |
| DOCTOR’S NAME & ADDRESS |       |
| PREVIOUS SCHOOL/NURSERY |       |
| USUAL MODE OF TRAVEL | Walk [[ ] ] | Bus [[ ] ] | Car [[ ] ] | Car [[ ] ]Share | Other (please specify)       |
| SPOKEN LANGUAGE |       | RELIGION  |       |
| ETHNICITY  |
| Prefer not to say [[ ] ] | White British [[ ] ] | White Irish[[ ] ] | Any other white background[[ ] ] | White & Asia [[ ] ] | White & Black Caribbean[[ ] ] | White & Black African[[ ] ] |
| Any other mixed background[[ ] ] | Caribbean[[ ] ] | African[[ ] ] | Any other Black background[[ ] ] | Sri Lankan[[ ] ] | Indian[[ ] ] | Pakistani[[ ] ] |
| Bangladeshi[[ ] ] | Any other Asian background[[ ] ] | Chinese[[ ] ] | Any other ethnic group[[ ] ] | Irish Heritage [[ ] ] | Roma/Roma Gypsy[[ ] ] | Any other traveller background[[ ] ] |
| NATIONALITY |       |

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| COULD YOUR BE CHILD ELIGIBLE FOR FREE SCHOOL MEALS? |
| If your child is eligible for ‘free school meals’ and you register them for this, school will receive extra funding called ‘pupil premium’. School will use this extra money to improve the educational provision and resources at the school. Please contact Nottinghamshire County Council on 0300 500 80 80 if you are unsure or visit their website: [Free school meals and milk | Nottinghamshire County Council](https://www.nottinghamshire.gov.uk/education/school-meals/free-school-meals-and-milk) ***Please note this is not ‘Universal Infant Free School Meals’ which all Reception, Y1 & Y2 children receive.*** |

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| ANY OTHER INFORMATION THAT THE SCHOOL SHOULD BE AWARE OF? Other agencies (eg social services/educational psychologist/paediatrician/CAMHS); Special Needs Information (eg statement of special educational needs/disabilities); Parental disabilities that may affect your ease of access or communication with school) |
|       |

|  |  |
| --- | --- |
| SIGNED (PARENT/GUARDIAN) |       |
| DATE |       |

Please notify the office of any changes to this information

**Privacy notice for Parents/Carers:** [**https://www.eastbridgfordstpeters.co.uk/policies-strategies/**](https://www.eastbridgfordstpeters.co.uk/policies-strategies/)

**ASPIRE Data Protection Policy:** [**https://www.eastbridgfordstpeters.co.uk/special/trust-policies/**](https://www.eastbridgfordstpeters.co.uk/special/trust-policies/)