

ELSECAR HOLY TRINITY PRIMARY SCHOOL

**PLEASE COMPLETE ALL SECTIONS ON THIS FORM IN BLOCK CAPITALS SO WE CAN
UPDATE OUR SYSTEM**

PUPIL DETAILS

SURNAME _____ FORENAME _____

MALE OR FEMALE _____ DATE OF BIRTH _____

ADDRESS _____
(Post code essential)

HOME TELEPHONE NUMBER _____ MOBILE NUMBER _____

EMAIL ADDRESS: _____

1ST LANGUAGE OF CHILD _____ ETHNIC ORIGIN (i.e. White English) _____

TRAVEL ARRANGEMENT _____ RELIGION _____
E.g. walk/car/taxi/public transport

CONTACT DETAILS (PARENTS FIRST)

FULL NAME	RELATION TO CHILD	TEL / MOB/ WORK NUMBER

DOCTORS DETAILS

DOCTOR _____ ADDRESS _____

TELEPHONE NUMBER _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS MEDICAL CONDITIONS? YES / NO
E.G Allergies, Asthma etc., if yes you must give details below:

ANY RELEVANT INFORMATION: RE WELFARE, HOME CIRCUMSTANCE ETC.

BROTHERS & SISTERS (eldest first) DATE OF BIRTH SCHOOL ATTENDING

1. _____ _____ _____

2. _____ _____ _____

THIS SECTION MUST BE COMPLETED

EDUCATIONAL VISITS

I acknowledge that from time to time it is necessary for my child to participate in Educational visits arranged within the locality.

I hereby give my permission. YES / NO (please circle)

PHOTOGRAPHS OF CHILDREN IN MEDIA

I acknowledge that on occasions my child may have his/her photograph taken which may be used in the media.

I hereby give my permission. YES / NO (please circle)

PHOTOS OF CHILD ON SCHOOL WEBSITE

I acknowledge that on occasions my child may have his/her photograph put on the school website. I hereby give my permission. YES / NO (please circle)

SAFEGUARDING

Are there any issues that we need to be aware of in order to safeguard your child effectively in school e.g. adoption issues, court orders, releasing children at the end of the session/day?

MY CHILD WILL WALK HOME _____ I WILL COLLECT MY CHILD FROM SCHOOL _____

Please tick appropriate

DATA PROTECTION ACT 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfES.

SIGNATURE OF PARENT _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____

ALL INFORMATION SHOULD BE COMPLETED ON THIS FORM

FOR SCHOOL USE ONLY

Safeguarding

Both designated teachers aware: _____ (Mrs Xxx) _____ (Mrs Xxx)

Information shared with: _____ (if appropriate) on _____ (date)