



ST. PETER'S PRIMARY SCHOOL

PUPIL REGISTRATION FORM

Please remember to complete this form in full and to provide your child's birth certificate as proof of date of birth; unfortunately, without proof we will be unable to register your child's place.

DETAILS OF PARENT

Surname of Parent:	
Parent National Insurance No.:	Parent Date of Birth:

DETAILS OF CHILD

Surname of Child:	
Forenames:	Preferred Name:
Date of Birth	Sex (M or F)
Address:	
Post Code:	
Telephone No.	Email:
Position of Child in Family: (please circle) 1 2 3 4 5 6 7 8 9 10	
Previous School & Address:	

DETAILS OF OTHER CHILDREN IN FAMILY

Name	Date of Birth	School

DETAILS OF PARENTS

Name of person with whom the child lives	Relationship to child	Parental Responsibility	Telephone & Email
<small>(Mr. Mrs. Miss. Ms)</small>			
<small>(Mr. Mrs. Miss. Ms.)</small>			

Name of others with parental responsibility	Relationship to child	Address	Telephone Number
<small>(Mr. Mrs. Miss. Ms)</small>			
<small>(Mr. Mrs. Miss. Ms.)</small>			

EMERGENCY CONTACTS

Name	Relationship to child	Address	Telephone Number

BACKGROUND INFORMATION

Doctors Name and Address:
Medical conditions of your child (including details of regular medication and dietary requirements): (A separate medical form will also need to be completed).
Does your child receive free school meals? YES / NO
Has a statement of special educational needs been issued in respect of your child? YES / NO
Religion of child:
Any other information which may be useful for the school to know:

ETHNIC ORIGIN (Please tick as appropriate)			
White	British <input type="checkbox"/>	Mixed	White & Black Caribbean <input type="checkbox"/>
	Irish <input type="checkbox"/>		White & Black African <input type="checkbox"/>
	Traveller of Irish Heritage <input type="checkbox"/>		White & Asian <input type="checkbox"/>
	Gypsy/Roma <input type="checkbox"/>		Any other mixed background <input type="checkbox"/>
	Any other White background <input type="checkbox"/>		
Asian or Asian British	Indian <input type="checkbox"/>	Black or Black British	Caribbean <input type="checkbox"/>
	Pakistani <input type="checkbox"/>		African <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>		Any other Black background <input type="checkbox"/>
	Any other Asian background <input type="checkbox"/>		
Chinese	<input type="checkbox"/>	Any other ethnic background	<input type="checkbox"/>
Country of Birth:		Nationality:	

LANGUAGE (Please tick as appropriate)			
English <input type="checkbox"/>	Hungarian <input type="checkbox"/>	Polish <input type="checkbox"/>	Other <input type="checkbox"/>
Specify Other			

SERVICE CHILDREN
If the child has a parent who is currently serving in HM Armed Forces, please state here:
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The information, which is requested in this document, may be stored on a computer and, if so, it is subject to the Data Protection Act 1984. The Act requires that all information is strictly confidential and may only be accessed by those with a legal right to see it. The information will not be given to anyone else without your written consent.

You have the right to examine, at any reasonable time, information about you or your child, which is kept, on a computer. You have a right to correct any information, which you feel is wrong or misleading. Please contact the Head of the school if you wish to examine the information about you or your child, which is kept, on computer.

PARENT SIGNATURE: **DATE:**

ADMISSION NO: (for office use only)	ADMISSION DATE: (for office use only)
BIRTH CERTIFICATE SEEN & COPIED	YES NO Staff Initials