ST EDMUND ARROWSMITH CATHOLIC HIGH SCHOOL

PUPIL DETAIL FORM

PERSONAL DETAILS OF PUPIL

**Please note – parents must contact school to complete an amendment form if there are any changes. Parents should also include a mobile phone number for emergency contact by text.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Surname** |  | **Preferred Surname** |  |
| **Legal Forename** |  | **Preferred Forename** |  |
| **Middle Names** | ***(Please note we do not need any confirmation names)*** |
| **Date of Birth** |  | **Gender** |  | **Form** |  |
| **Address** |  |
| **Postcode** |  | **Home Telephone Number** |  |

**FAMILY DETAILS** – Please give details below of parents/carers **with whom the child lives**

**1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Forename** |  | **Surname** |  |
| **Relationship to Child** |  | **Legal Responsibility for Child** | Yes | No |
| **Address** |  |
| **Post Code** |  | **Home Number** |  |
| **Work Number** |  | **Mobile Number** |  |
| **Email address** |  | **Home** |
| **Email address** |  | **Work** |
| **PLEASE USE BLOCK CAPITALS** |

**2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Forename** |  | **Surname** |  |
| **Relationship to Child** |  | **Legal Responsibility for Child** | Yes | No |
| **Address** |  |
| **Post Code** |  | **Home Number** |  |
| **Work Number** |  | **Mobile Number** |  |
| **Email address** |  | **Home** |
| **Email address** |  | **Work** |
| **PLEASE USE BLOCK CAPITALS** |

**ANY OTHER PERSON(S) WHO HAS LEGAL RESPONSIBILITY FOR YOUR CHILD – please indicate relationship to child**

**3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Forename** |  | **Surname** |  |
| **Relationship to Child** |  | **Legal Responsibility for Child** | Yes | No |
| **Address** |  |
| **Post Code** |  | **Home Number** |  |
| **Work Number** |  | **Mobile Number** |  |
| **Email address** |  | **Home** |
| **Email address** |  | **Work** |
| **PLEASE USE BLOCK CAPITALS** |

**OTHER DAYTIME CONTACTS**

List below details of who is to be contacted during school hours in case of illness etc. **PLEASE LIST IN THE ORDER YOU WISH THEM TO BE CONTACTED**

**1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Forename** |  | **Surname** |  |
| **Relationship to Child** |  | **Home Number** |  |
| **Work Number** |  | **Mobile Number** |  |

**2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Forename** |  | **Surname** |  |
| **Relationship to Child** |  | **Home Number** |  |
| **Work Number** |  | **Mobile Number** |  |

**3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Forename** |  | **Surname** |  |
| **Relationship to Child** |  | **Home Number** |  |
| **Work Number** |  | **Mobile Number** |  |

**MEDICAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surgery Name |  | Telephone Number (including STD Code) |  |
| Address |  |

Please give details of any medical problems, including any medication that may need to be stored in school. Please continue on a separate sheet if necessary.

|  |
| --- |
|  |

**OTHER INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is your child entitled to Free School Meals? or | Yes |  | No |  |
| Has your child been entitled to Free School Meals in the last 6 years? Please give details |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is your child a Service Child in Education? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has your child been adopted from Care? | Yes |  | No |  |
| If so please contact your child’s Senior Learning Co-ordinator in school or provide details in a sealed envelope |  |

**ETHNIC / CULTURAL INFORMATION**

|  |  |
| --- | --- |
| Home Language |  |
| First Language |  |

**ETHNIC BACKGROUND** – please tick the appropriate box

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A – White | B – Mixed | C – Asian or Asian British | D – Black or Black British | E – Chinese | F – Other ethnic Group |
| 🞏 British🞏 Irish🞏 Any other white background | 🞏 White and Asian🞏 White and Black African🞏 White and Black Caribbean🞏 Any other mixed background | 🞏 Bangladeshi🞏 Indian🞏 Pakistani🞏 Any other Asian background | 🞏 African🞏 Caribbean🞏 Any other Black background | 🞏 Chinese🞏 Any other Chinese background | 🞏 Gypsy / Roma🞏 Traveller of Irish Heritage🞏 Any other ethnic group |

**RELIGION** – please tick the appropriate box

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Catholic |  | Christian |  | Buddhist |  | Muslim |  | Jewish |
|  | Hindu |  | Sikh |  | None |  | Any other religion, please specify |  |

I / We agree that the above information is correct and that my child’s data records are held in school. I / We understand this information is held securely and in accordance with the school’s data protection policy.

St Edmund Arrowsmith Catholic High School is committed to protecting the privacy and security of personal information. The school is registered with the ICO and has a duty to protect this information and keep it up to date. Our privacy notice describes how we collect and use personal information about pupils, in accordance with the General Data Protection Regulation (GDPR), section 537A of the Education Act 1996 and section 83 of the Children Act 1989.

A copy of our privacy notice can be found at: [www.arrowsmith.wigan.sch.uk/ourschool/policiesandprocedures](http://www.arrowsmith.wigan.sch.uk/ourschool/policiesandprocedures)

|  |  |  |  |
| --- | --- | --- | --- |
| Mother/Carer |  | Father/Carer |  |

**Please complete and return to Exams & Data Office by no later than 8 July 2022**