THE BLESSED SACRAMENT CATHOLIC PRIMARY SCHOOL & NURSERY

Admissions/Pupil Data Collection Form

**PUPIL PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **LEGAL SURNAME** |  |
| **LEGAL FORENAME** |  | **PREFERRED FORENAME** |  |
| **MIDDLE NAME(S)** |  | **GENDER** | Male / Female |
| **BIRTH CERTIFICATE SEEN?** |   | **DATE OF BIRTH:** | \_\_\_\_/\_\_\_\_\_/ \_\_\_\_\_\_\_ |
| **HOME ADDRESS****including post code** |  |

**PARENT INFORMATION**

**\* Please indicate at which address(es) the pupil normally resides (i.e. sole or shared residency) using the tick box**

**MOTHER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE** |  | **FORENAME** |  | **SURNAME** |  |
| **DATE OF BIRTH** |  | **PARENTAL RESPONSIBILITY** |  Yes / No |
| **HOME ADDRESS** **including post code** | **\*** |  |
| **TELEPHONE NUMBERS** |  **HOME: WORK:** **MOBILE:**  |
| **E-MAIL ADDRESS** |  |

**FATHER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE** |  | **FORENAME** |  | **SURNAME** |  |
| **DATE OF BIRTH** |  | **PARENTAL RESPONSIBILITY** |  Yes / No |
| **HOME ADDRESS** **including post code** | **\*** |  |
| **TELEPHONE NUMBERS** |  **HOME: WORK:** **MOBILE:**  |
| **E-MAIL ADDRESS** |  |

If there is any other person who can be deemed a ‘parent’ (eg. step parent, or parent’s partner) if so please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE** |  | **FORENAME** |  | **SURNAME** |  |
| **DATE OF BIRTH** |  | **RELATIONSHIP TO CHILD** |  | **PARENTAL RESPONSIBILITY** |  Yes / No |
| **HOME ADDRESS****including post code** |  **\*** |  |
| **TELEPHONE NUMBERS** | **HOME: WORK:****MOBILE:**  |
| **CONTACT INFORMATION****Please list in order of priority the names of at least two people who can be contacted by school in an emergency.****1.Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2.Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_****3.Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_****IS/DOES THE CHILD?****IS/DOES THE CHILD:**  |
| **IN PUBLIC CARE (CHILD LOOKED AFTER)**  |  YES/NO |
| **KNOWN TO CHILDREN’S SOCIAL CARE (SOCIAL WORKER)** |  YES/NO |
| **HAS AN EDUCATION HEALTH AND CARE PLAN (EHC) – (FORMERLY STATEMENT)** |  YES/NO |
| **IS KNOWN TO THE EDUCATIONAL PSYCHOLOGY SERVICE/CAMHS** |  YES/NO |
| **HAVE A DISABILITY OR ILLNESS** |  YES/NO |

If you answer yes to any of the above, please give details below or continue on a separate sheet if necessary (this will be treated in strict confidence):

|  |  |
| --- | --- |
| **PREVIOUS NURSERY/SCHOOL** |  |
| **From** |  **/ /** | **To** |  **/ /** |

**MEDICAL INFORMATION – Attach an extra sheet if necessary**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF** **DOCTOR:** |  | **NAME AND** **ADDRESS OF** **PRACTICE:** |  |
| **MEDICAL CONDITION/S** |  |

**RELIGION:**

|  |  |
| --- | --- |
| **RELIGION:** |  |

**IF YOUR CHILD HAS BEEN BAPTISED PLEASE COMPLETE THE FOLLOWING:**

|  |  |
| --- | --- |
| **DATE OF BAPTISM:** |  |
| **NAME OF CHURCH:** |  | **TOWN:** |  |

**PROOF SEEN – Y/N**

**ETHNIC BACKGROUND:**

*Our ethnic background describes how we think of ourselves. This may be based on many things, including for example, our skin colour, language, culture, ancestry or family history.*

***Please study the list below and tick one box only to indicate the ethnic background of the child named above.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White:**  | TICK | **Mixed:** | TICK | **Asian or Asian British**  | TICK |
| **British:**  |  | **White and Black Caribbean** |  | **Indian** |  |
| **Irish**  |  | **White and Black African** |  | **Pakistani**  |  |
| **Traveller of Irish Heritage**  |  | **White and Asian** |  | **Bangladeshi**  |  |
| **Gypsy/Roma**  |  | **Any other mixed background** |  | **Any other Asian Background** |  |
| **Any other White background** |  |
| **Black or Black British** |  |  | **Chinese** |  |
| **Caribbean** |  | **Any other ethnic background** |  |
| **African** |  | **I do not wish an ethnic background category to be recorded** |  |
| **Any other Black background** |  |

**Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country Of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PUPIL’S FIRST LANGUAGE (Language spoken at home):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s first language (Please tick)**  | English | Not English  | **First language (if not English)** |  |

**MEAL ARRANGEMENTS:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TICK** |  | **TICK** |
| **FREE SCHOOL MEAL** |  | **SCHOOL MEAL (paid)** |  |
| **HOME** |  | **PACKED LUNCH** |  |

**TRAVEL TO SCHOOL: (Please tick)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Car** |  | **Car (shared)** |  | **Public Transport** |  | **Walk** |  | **Taxi** |  |

**Please sign below to confirm that the above information is correct .**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information. Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies.