

**ST. CHAD'S C.E.(C) PRIMARY SCHOOL**

**PUPIL REGISTRATION FORM**



*Please complete using capital letters*

**DETAILS OF CHILD:**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Previous School / Pre-School / Playgroup: \_\_\_\_\_

Main Mobile Number for receiving text messages: \_\_\_\_\_

Email Address: \_\_\_\_\_

**DETAILS OF PARENTS:**

(This information is needed to enable the school and Education Authority to meet their legal obligations)

**Natural Mother:** Mrs/Miss/Ms. \_\_\_\_\_ (Full Name)

**Legal Parental Responsibility** Yes / No (Please delete as appropriate)

(Address if different from child: \_\_\_\_\_)

Tel: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

**Natural Father:** Mr: \_\_\_\_\_ (Full Name)

**Legal Parental Responsibility** Yes / No (Please delete as appropriate)

(Address if different from child: \_\_\_\_\_)

Tel: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Please Turn Over...

**If mother and father live separately then who should correspondence be sent to?**

Mum  Dad  Both  Please tick

**Information about any other adults (over 16) who live in the same house as the child:**

*(eg. Foster parent, step-mother, step-father, mother's partner/ father's partner/ grandparent..)*

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

**In the case of emergency, or where school is unable to contact parents, please provide information for additional contacts:**

CONTACT 1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone numbers (daytime numbers & mobile):

\_\_\_\_\_

Address: \_\_\_\_\_

CONTACT 2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone numbers (daytime numbers & mobile):

\_\_\_\_\_

Address: \_\_\_\_\_

**MEDICAL:**

Which Doctor is your child registered with?

Dr: \_\_\_\_\_ Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Does your child have a medical condition of which the school needs to be aware?

\_\_\_\_\_

Please be advised, only adults with parental responsibility are able to request administration of medicines at school

**SCHOOL MEALS:**

(Please tick)

Hot Meal

Sandwiches

Free Meal

Please indicate what your child usually takes as we have to enter this information on our data system

**ETHNIC ORIGIN:**

Nationality: \_\_\_\_\_ Home Language: \_\_\_\_\_ Religion: \_\_\_\_\_

**TRANSPORT:**

(Please tick)

Walk

Private Car

Public transport

Bike

Please indicate what your child's usual method of transport is, as we have to enter this information on our data system