



**Child's Information:**

Surname:/family name on birth certificate \_\_\_\_\_ Male/Female\*

All Forenames: \_\_\_\_\_

To be known as: \_\_\_\_\_ DOB: \_\_\_\_\_

Birth Cert: Given already/attached for checking\* Ethnic origin \_\_\_\_\_

Home Address \_\_\_\_\_ Religion \_\_\_\_\_

\_\_\_\_\_ Home Language \_\_\_\_\_

\_\_\_\_\_ First Language \_\_\_\_\_

Post code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Nationality \_\_\_\_\_

Date of arrival in UK (if relevant) \_\_\_\_\_

**Parents(s)/Guardian(s) who shares responsibility for the child:**

Name of Father/Guardian \_\_\_\_\_ Name of Mother/Guardian \_\_\_\_\_  
Mr \_\_\_\_\_

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

Place of Work: \_\_\_\_\_ Place of Work \_\_\_\_\_

Mobile Tel \_\_\_\_\_ Mobile Tel \_\_\_\_\_

Daytime/work Tel \_\_\_\_\_ Daytime/work Tel \_\_\_\_\_

**Emergency Contacts**

If day time contact is difficult please give two persons who may be contacted in an emergency to act on your behalf.

Name	Relationship	Telephone No.	Location of contact
1. _____	_____	_____	_____

2. _____	_____	_____	_____
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**Custody & Court Orders**

The school needs to know of any Court Orders affecting your child, please indicate whether any Order is in force for you child. Yes / No

Copy of court order attached Yes / No

Family Doctor

Other Services involved with your child

Name\_\_\_\_\_

Children's services/Educational Psychologist/Bilingual support/Speech

Surgery\_\_\_\_\_

Therapist/Family Guidance/Portage/Assessment Unit/ Other please

Address\_\_\_\_\_

list.\_\_\_\_\_

Childs Health - health concerns (eg. Hearing/sight/allergies/special diet required/special conditions/need for regular medical appointments - please list \_\_\_\_\_

**Previous School/Nursery**

Name \_\_\_\_\_ Dates of attending \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Other Siblings (names) \_\_\_\_\_

**Other Information**

Any other information that you feel we should be aware of (contact/language/religious considerations)

Do you? Walk to school - Use public transport - Travel by car - Cycle - Hampshire Transport.

Signature of parent / guardian\_\_\_\_\_

Date\_\_\_\_\_

\*Please circle or delete as appropriate.