

Student Details and Contact Information

PLEASE COMPLETE IN BLOCK CAPITALS

CHILD'S DETAILS

LEGAL SURNAME: _____ FIRST NAME: _____
 MIDDLE NAME(S): _____ KNOWN NAME: _____
 DATE OF BIRTH: _____/_____/_____ GENDER (MALE/FEMALE): _____
 ADDRESS: _____
 _____ POSTCODE: _____
 CHILD'S PREVIOUS SCHOOLS OR PLAYGROUP/NURSERY: _____
 DATES ATTENDED: _____ LOCAL AUTHORITY: _____

PARENT/CARER(S) DETAILS 1

(*Please note Parent/Carer 1 mobile number and email address will be used for your online SchoolMoney account which is used to pay for trips/clubs etc.)

RELATIONSHIP TO CHILD (MOTHER/FATHER) _____ TITLE _____ FIRST NAME _____ SURNAME _____
 DATE OF BIRTH _____ NATIONAL INSURANCE NUMBER _____
 NAME OF BOROUGH YOU PAY COUNCIL TAX TO (EG. BARNET/HARROW ETC.) _____
 ADDRESS (if different from child's address) _____
 _____ POSTCODE _____
 HOME PHONE NUMBER _____ MOBILE* _____
 WORK NUMBER _____ EMPLOYER _____
 EMAIL ADDRESS* _____

PARENT/CARER(S) DETAILS 2

RELATIONSHIP TO CHILD (MOTHER/FATHER) _____ TITLE _____ FIRST NAME _____ SURNAME _____
 DATE OF BIRTH _____ NATIONAL INSURANCE NUMBER _____
 ADDRESS (if different from child's address) _____
 _____ POSTCODE _____
 HOME PHONE NUMBER _____ MOBILE _____
 WORK NUMBER _____ EMPLOYER _____
 EMAIL ADDRESS _____

PLEASE TICK IF PARENT/CARERS ARE CURRENTLY IN RECEIPT OF ONE OF THE FOLLOWING BENEFITS:

INCOME SUPPORT JOB SEEKERS ALLOWANCE CHILD TAX CREDIT PENSION CREDIT SUPPORT IMMIGRATION & ASYLUM ACT 1999

EMERGENCY CONTACTS

Please provide the details of two people (OTHER THAN PARENTS) who we may contact in event of an emergency

1. Title: _____ First name: _____ Surname: _____ Relationship to child (e.g. Aunt/Uncle/Friend): _____
 Home no. (if applicable): _____ Mob no: _____

 2. Title: _____ First name: _____ Surname: _____ Relationship to child (e.g. Aunt/Uncle/Friend): _____
 Home no. (if applicable): _____ Mob no: _____

I can confirm that I have consent from the above people to be named as emergency contacts:

Signed (parent/carer): _____ Date: _____

SIBLINGS

SURNAME	FIRST NAME(S)	BROTHER/SISTER	AGE	SCHOOL

MEDICAL INFORMATION

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken (e.g. Asthma, Epilepsy, any Allergies to nuts/medicines etc.)

Will you be bringing in appropriate medication for your child? (E.g. Asthma inhaler, eczema cream, Epipen etc.)

Please note, medicines will not be given to children during the school day (e.g. antibiotics etc.)

This does NOT apply to asthma inhalers or epipens.

Yes No

Are there any foods your child **must not** eat for health or religious reasons?

Is your child a vegetarian? (Please note, the school provides Halal meat on Wednesdays only) Yes No

I give permission for my child to eat Halal meat on Wednesdays Yes No

Please tick next to the foods your child **CAN** eat:

Beef Pork Chicken Lamb Fish Eggs Gelatine

Does your child have any special needs? _____

DOCTORS INFORMATION

Doctors Name: _____ Medical Practice Name: _____

Doctors Address: _____

Telephone Number: _____

TRAVEL

How does your child travel to school? (Please tick) Walk Car Public Transport Other

Thank you for completing these forms, could you please check that you have filled in every section as fully as possible.

I declare that I understand Deansbrook Infant School has a legal and legitimate interest to collect and process my personal data in order to meet statutory requirements. The school may share my data with the Department for Education, and subsequently the local authority e.g. to check Pupil Premium eligibility (if you are eligible for pupil premium funding, you will be entitled to reduced fees on extra-curricular clubs, educational visits and residential trips.)

Parent/Carer Signature: _____ Date: _____