

All Saints Catholic College

A Voluntary Academy



Dear Parents/Carers

CONFIDENTIAL INFORMATION - *Please complete and return to school*

We are delighted that your child will be joining us at All Saints, and to help us with our records we would like you to complete this form and return it to school. This information is treated in the strictest confidence and enables us to care for your child properly in cases of sickness or accident, and to complete official Local Authority records.

PUPIL'S SURNAME _____ FORENAME(S) _____

ADDRESS _____

POSTCODE _____

DATE OF BIRTH _____ PREVIOUS SCHOOL _____

LEGAL GUARDIAN(S)

CONTACT 1

Name _____ Relationship to child _____

Mobile No. _____ Home Tel No. _____ Work Tel No. _____

Address _____

Email _____

CONTACT 2

Name _____ Relationship to child _____

Mobile No. _____ Home Tel No. _____ Work Tel No. _____

Address _____

Email _____

CONTACT 3

Name _____

Mobile No. _____ Home Tel No. _____ Work Tel No. _____

Relationship to child _____

TEXT MESSAGES

Our text message service only sends out to **Contact 1**; please indicate if you would like **Contact 1** and **Contact 2** to receive messages:

CONTACT 1 YES ☐ NO ☐

CONTACT 2 YES ☐ NO ☐

Please indicate if the father has Parental Responsibility (PR) Yes ☐ No ☐

A father has PR if:

- He was married to the mother when the child was born
- He attended the registration of the birth of the child and has his name on the birth certificate (from 01/12/03)
- He has entered into a PR Agreement with the mother
- He has a Parental Responsibility Order or Residence Order
- He has a Court Order in his favour

Unmarried fathers do not automatically have PR, but can acquire it.

Mothers always have PR unless there has been a specific order of the court or an adoption order.

MEDICAL INFORMATION

Does your child have any medical condition which you would like to bring to our attention?

Does your child need to wear glasses? _____

Does your child have any hearing difficulty? _____

Name of GP/Medical Practice _____

LOOKED AFTER CHILDREN

Is your child a Looked After Child (Local Authority Care)? YES ☐ NO ☐ (*Please indicate*)

RELIGION

Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Roman Catholic ☐
Sikh ☐ No Religion ☐ Other Religion ☐ Declined to say ☐

ETHNIC ORIGIN

Please circle

White	Indian
Black-African	Pakistani
Black-Caribbean	Bangladeshi
Black-other	Chinese

Other (please specify) _____

Home language _____

CONSENT TO THE USE OF PHOTOGRAPHS AND VIDEO IMAGES

I do/do not (*delete as appropriate*) consent to photographs and/or videos of my child being used as outlined in the enclosed statement.

Signed Name