

# 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.

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**MEDICAL INFORMATION**

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

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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 \_\_\_\_\_