

## ADMINISTRATION INFORMATION

PUPIL FORENAME(S) \_\_\_\_\_

SURNAME \_\_\_\_\_

\*Known As: \_\_\_\_\_

Sex: M/F      Date of Birth: \_\_\_\_\_

Number of Children in Family \_\_\_\_\_

Position in Family \_\_\_\_\_

Other Children at this School      YES/NO

If YES Names \_\_\_\_\_

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

Telephone No: \_\_\_\_\_

\_\_\_\_\_

Mobile No: \_\_\_\_\_

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

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

### 1<sup>st</sup> Emergency Contact (local)

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

Relationship to child: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_

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

Mobile No: \_\_\_\_\_

### 2<sup>nd</sup> Emergency Contact (local)

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

Relationship to child: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_

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

Mobile No: \_\_\_\_\_

### CHILD'S DOCTOR

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

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

\_\_\_\_\_

Telephone No: \_\_\_\_\_

### MEDICAL INFORMATION

1. Please provide details of any medical condition of which the school should be aware (eg. allergies, eyesight, or hearing problems, epilepsy etc).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does your child receive regular medication      YES/NO

If YES please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* This is the child's everyday name if different from forename.

## DETAILS OF PARENTS AND/OR GUARDIANS

This information is required for school administration and for the compilation of the school board electoral roll.

Please enter the parent or guardian who should normally receive correspondence, in the first column.

	Parent or Guardian (correspondence)	Parent or Guardian 2	Parent or Guardian 3
Name:	_____	_____	_____
Address:	_____	_____	_____
Postcode:	_____	_____	_____
Telephone No:	_____	_____	_____
Mobile No:	_____	_____	_____
Email Address:	_____	_____	_____
Relationship to Child:	_____	_____	_____

If there are other adults who should be included in the school board electoral roll, please provide details on a separate sheet.

## EQUAL OPPORTUNITIES MONITORING

You are not required to answer the following questions, however the information is extremely valuable as it is used to check that equal opportunities are afforded to all pupils.

Child's first language	_____
Other Languages Spoken at Home	_____
Child's Ethnic Origin	_____
Child's Religion	_____

## **DATA PROTECTION**

**The information provided on this form will be entered into a computer system for the purpose of school administration.**

I agree that the information provided on this form may be used by Braidhurst High School as outlined in the GDPR policy document.

I agree that photographs taken by Braidhurst, which include my child, may be used by Braidhurst High School as outline in the GDPR policy document.

Parental Signature \_\_\_\_\_

Date \_\_\_\_\_