

## Christleton Primary School

## Please ensure that ALL boxes are completed. Thank you.

Surname	:				Legal Surna	ame:		
Forename	e:				Middle nam	e:		
Chosen n	name:				Gender:			
Date of B	irth:		Year:		Registration	n Group:		
Home Ad	dress:							
Post Cod	e:			Home Tel	lephone:			
Please tic	k box if either	parent is cur	rently serving in the	Armed Force	ces 🗆			
Please tic	ck any of the fo		h are applicable g fostered					
			g lostered en adopted from care	<u>.</u>	ä			
Has left c	are under:	1140 50	on adopted nom odro		_			
			al guardianship orde	er	_			
			ence order arrangement order					
		A child	arrangement order					
Please pr	ovide the nam	es of the pare	ents / guardians / car	ers who hav	ve <mark>parental resp</mark>	onsibility		
			<u>Sepa</u>	arated Paren	nt Information			
	Linder	the 1080 Chi	ldron's act all naronts h	have the righ	nt to receive infor	mation about	t their child's progress.	
	Ple	ease complet	e for parents with pa	rental respo	onsibility but wh	no are not liv	ving with the child	
Pupil rep	orts 🗆	Photog	raphs 🗆	Parents eve	ening 🗆			
Name: Relationship:								
Address:					Tel:			
Address:								
Post Cod	e:	oorsons who h	payo parental recogni		Tel:	ch to be cont	racted in an emergency	
Post Cod	le:	persons who h	h for them to be con	bility and any	Tel:  Mobile:  yone else you with emergency.)	sh to be cont	acted in an emergency.	
Post Cod	e: ve details of <mark>all</mark>	persons who h r that you wis elationship	h for them to be cont Home Addre	bility and any	Tel:  Mobile:  yone else you with emergency.)		acted in an emergency. Work Address & Phone	
Please giv	e: ve details of <mark>all</mark>	r that you wis	h for them to be con	bility and any	Tel:  Mobile:  yone else you with emergency.)	sh to be cont Address:	-	
Please giv (Place the Priority	e: ve details of <mark>all</mark>	r that you wis	h for them to be cont Home Addre	bility and any	Tel:  Mobile:  yone else you with emergency.)		-	
Please giv (Place the Priority	e: ve details of <mark>all</mark>	r that you wis	h for them to be cont Home Addre	bility and any	Tel:  Mobile:  yone else you with emergency.)		-	
Please giv (Place the Priority	e: ve details of <mark>all</mark>	r that you wis	th for them to be cont Home Addre Address:	bility and any	Tel:  Mobile:  yone else you with emergency.)		-	
Please giv (Place the Priority	e: ve details of <mark>all</mark>	r that you wis	th for them to be controlled Home Address:  Address:  Tel:	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address:	-	
Please giv (Place the Priority	e: ve details of <mark>all</mark>	r that you wis elationship	th for them to be contour Home Addre Address:  Tel:  Mobile:	bility and any	Tel:  Mobile:  yone else you with emergency.)		-	
Please giv (Place the Priority  1  Email: (fo	e: ve details of <mark>all</mark> em in the orde Name/Re	r that you wis elationship	th for them to be contour Home Addre Address:  Tel:  Mobile:	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address:	-	
Please giv (Place the Priority	e: ve details of <mark>all</mark> em in the orde Name/Re	r that you wis elationship	Address:  Tel: Mobile: dence)	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address: Work Tel:	-	
Please giv (Place the Priority  1  Email: (fo	e: ve details of <mark>all</mark> em in the orde Name/Re	r that you wis elationship	Address:  Tel: Mobile: dence)	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address: Work Tel:	-	
Please giv (Place the Priority  1  Email: (fo	e: ve details of <mark>all</mark> em in the orde Name/Re	r that you wis elationship	Address:  Tel: Mobile: dence)	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address: Work Tel:	-	
Please giv (Place the Priority  1  Email: (fo	e: ve details of <mark>all</mark> em in the orde Name/Re	r that you wis elationship	Tel: Mobile:  Address:  Tel: Mobile:  Address:	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address: Work Tel: Address:	-	
Please giv (Place the Priority 1	e: ve details of <mark>all</mark> em in the orde Name/Re	r that you wis elationship	Tel: Mobile:  Address:	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address: Work Tel:	-	
Please giv (Place the Priority 1   Email: (for 2	e: ve details of <mark>all</mark> em in the orde Name/Re	r that you wis elationship	Tel: Mobile:  Address:  Tel: Mobile:  Address:	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address: Work Tel:  Work Tel:	-	
Please giv (Place the Priority 1	e: ve details of <mark>all</mark> em in the orde Name/Re	r that you wis elationship	Tel: Mobile:  Tel: Mobile:  Tel: Mobile:	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address: Work Tel: Address:	-	
Please giv (Place the Priority 1   Email: (for 2	e: ve details of <mark>all</mark> em in the orde Name/Re	r that you wis elationship	Tel: Mobile:  Tel: Mobile:  Tel: Mobile:	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address: Work Tel:  Work Tel:	-	
Please giv (Place the Priority 1   Email: (for 2	e: ve details of <mark>all</mark> em in the orde Name/Re	r that you wis elationship	Tel: Mobile:  Tel: Mobile:  Tel: Mobile:	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address: Work Tel:  Work Tel:	-	
Please giv (Place the Priority 1   Email: (for 2	e: ve details of <mark>all</mark> em in the orde Name/Re	r that you wis elationship	Tel: Mobile:  Tel: Mobile:  Tel: Mobile:	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address: Work Tel:  Work Tel:	-	
Please giv (Place the Priority 1   Email: (for 2	e: ve details of <mark>all</mark> em in the orde Name/Re	r that you wis elationship	Tel: Mobile:  Address:  Tel: Mobile:  Address:  Address:	bility and any	Tel:  Mobile:  yone else you with emergency.)	Address: Work Tel:  Work Tel:	-	

Medical Practice:					
Address:					
Telephone Number:					
Medical Conditions: (	Any existing medical cor	nditions that you feel the	school should be aware o	of)	
Dietary Need / Food a	llergies (e.g. Gluten fre	ee, Nuts, Vegetarian)			
Medical Summary: (A	ny significant events /	immunisations etc. tha	t you feel the school sh	nould be aware of)	
Parent / Carer's disab	ilities:				
Travel arrangements					
Bicycle	Bus	Walk	Car	Taxi	Other

## **PUPILS BACKGROUND**

Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Authority and the Department for Education (DfE) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again. Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history.

## Ethnic background is not the same as nationality or country of birth. PLEASE TICK ONE BOX IN EACH SECTION.

Cultura	al Information	Religion	Language
Asian	Any Other Ethnic Group	Buddhist	Bengali
Other Asian Background	White British	Christian	Cantonese
Bangladeshi	White Irish	Hindu	English
Indian	Irish	Jewish	Greek
Pakistani	Traveler of Irish Heritage	Muslim	Gujarati
White & Asian	Gypsy/Roma	Sikh	Hindi
Black Caribbean	Indian	No religion	Italian
Other Black Background	Prefer not to disclose	Other Religion	Other please state
Other White Background			Panjabi
Black African			Portuguese
Other mixed background			Spanish
			Turkish
			Urdu

Country of Birth:		Nationality:				
-		-				
Data Protection Act 1998:						
The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfES.						
Signature:		Print Name:				

