St Augustine's Catholic Prin	nary School
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Student Details: Legal Surname: Legal Forename: Called Surname: Middle Name(s):		Called	For Office Use Only Year: Class:	
Home Address/Telephone: Date of Birth:				
MOTHER	FATHER	Gender	:	
		Home Phone		
		Email Address:		
Language:	Ethnicity:		Religion:	
Siblings: (Please list any brothers or sisters who attend this school)				
Medical Information: Doctor's Address:				
Doctor's Name:				
Doctor's Phone:		CHTLD'S NATTONAL H		
Allergies:				
PARENT'S NATIONAL INSURANCE NUMBER				
Medical Notes: (Any serious illness, accident, operation or regular treatment or medication the school should be aware of)				
Please tick all contacts with whom the student lives: (Please specify for Other)				
Mother: Father:		Step Father: Foste	r Mother: Foster Father:	
Other:				
Please list, in priority order, the name, relationship, address, home phone number, work phone number and mobile phone number of all people who have parental responsibility and anyone else you wish to have contacted in an emergency.   Please also indicate with a tick in the PR column all those contacts that have legal Parental Responsibility for this child.   Pri PR Name / Relationship Emergency Contact Address Contact Telephone(s)				
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2 🗆				
Signature:		[	Date:	
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GDPR 2018: In order to administer your child's progress through the education system, the information that we have on your child may be given to the DfE, LA, other education and employment establishments and also to health and welfare practitioners with whom your child may become associated