**St Joseph’s Catholic Primary School**

**New Starter**

*****Together we love, learn, follow Jesus*

**Pupil Information:**

|  |
| --- |
| Legal Surname: |
| Legal forename [s]: | Preferred name: |  |
| Date of birth: |
| Birth certificate seen: | Yes / No | Date: | Gender: | Male | Female |
| Home address:Is this your child’s only residence Yes / NoIf no please give details of alternative address: |

 **Parent Information:**

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Does this contact have parental responsibility for the above named child? | Yes | No |
| Home address: |
| Telephone numbers: |
| Mobile: | Home: | Work: |
| Email address: |

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Does this contact have parental responsibility for the above named child? | Yes | No |
| Home address: |
| Telephone numbers: |
| Mobile: | Home: | Work: |
| Email address: |

Is there any other person who the child would class as a “parent”? If so please provide their details below *(continue on a separate sheet if more than one)*

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Does this contact have parental responsibility for the above named child? | Yes | No |
| Relationship to child:  |
| Home address: |
| Telephone numbers: |
| Mobile: | Home: | Work: |
| Email address: |

**Emergency Contacts:**

Please provide the names of at least two other people who can be contacted by school in an emergency other than parents

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Telephone numbers: |
| Mobile: | Home: | Work: |
| Relationship to Child: |

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Telephone numbers: |
| Mobile: | Home: | Work: |
| Relationship to Child: |

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Telephone numbers: |
| Mobile: | Home: | Work: |
| Relationship to Child: |

**School Meals:**

|  |
| --- |
| Lunchtime preference: |
| School meal | Packed lunch from home |

Any special dietary requirements or known food allergies? (please specify): ………………………………………..……………………………………………

**Medical Information:**

|  |
| --- |
| Please give details of any medical conditions that your child has, including any medication your child receives: |
| Name of GP: | Medical Practice name: |

**Other Information:**

|  |  |
| --- | --- |
| Ethnicity: | Religion: |
| Country of Birth: | Nationality: |
| First Language: |  |

**School / Nursery History:**

|  |
| --- |
| Please give details of all previous schools, including nursery schools, that your child has attended: |
| Establishment name: | From (date): | To (date): |
| Establishment name: | From (date): | To (date): |

Please note, any personal information may be shared in accordance with GDPR Policy and current legislation. For more details about the school’s Privacy Notice please visit: [www.stjosephsbrindle.com](http://www.stjosephsbrindle.com)

**Name [printed]:** ………………………………………………………………………………………………………………..

**Signed:** …………………………………………………………… **Date:** ……………..