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Diocese of Manchester

Headteacher- Mrs. K Charlton. BEd (Hons) NPQH - Deputy Headteacher – Mrs S Barton Cert Ed

School is required to hold certain information regarding pupils on a computerised system. To ensure that we have up to date information, please could you spare a few minutes to fill in the following details about your child. We also ask parents to notify school if any given details change in the future.

GENERAL INFORMATION

(PLEASE PRINT AS SHOWN ON YOUR CHILD'S BIRTH CERTIFICATE)

LEGAL SURNAME: _____ LEGAL FIRST NAME(S): _____

MIDDLE NAME(S): _____ PREFERRED NAME: _____

DATE OF BIRTH: _____ GENDER (MALE/FEMALE): _____

ADDRESS: _____

POSTCODE: _____

HOME TELEPHONE NO: _____ EMAIL ADDRESS: _____

DETAILS OF EVERY PARENT/GUARDIAN (of the child with legal responsibility please see definition overleaf)
 (Birth parents usually have legal responsibility and this can only be removed and/or given to another person by a Court Order)

Full Legal Name	Address (inc Postcode)	Relationship to Child (eg Mother or Father)	Does child live at this address?	Telephone number (inc area code)

PREVIOUS NURSERY/SCHOOL DETAILS

NURSERY/PLAYGROUP ATTENDED: _____

PREVIOUS SCHOOL ATTENDED: _____

TELEPHONE NUMBER: _____

ATTENDED FROM (DATE): _____ TO (DATE): _____

PREVIOUS HOME ADDRESS (IF DIFFERENT FROM ABOVE): _____



ETHNIC/RELIGIOUS DETAILS

ETHNIC ORIGIN - PLEASE STUDY THE LIST BELOW AND TICK **ONE BOX ONLY** TO INDICATE THE ETHNIC BACKGROUND OF THE PUPIL OR CHILD NAMED ABOVE.

A) WHITE

❖ British	
❖ Irish	
❖ Traveller of Irish Heritage	
❖ Gypsy/Roma	
❖ Any other White Background	

B) MIXED

❖ WHITE & BLACK CARIBBEAN	
❖ White & Black African	
❖ White & Asian	
❖ Any other mixed background	

C) ASIAN OR ASIAN BRITISH

❖ INDIAN	
❖ Pakistani	
❖ Mipuri	
❖ Bangladeshi	
❖ Any other Asian background	

D) BLACK OR BLACK BRITISH

❖ CARIBBEAN	
❖ African	
❖ Any other black background	

E) OTHER

❖ Any other ethnic background	
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HOME LANGUAGE: _____

MOTHER TONGUE/FIRST LANGUAGE: (The language your child was first exposed to at home) _____

RELIGIOUS AFFILIATION: (Please select from the options below)

❖ CHRISTIAN	
❖ Buddhist	
❖ Hindu	
❖ Sikh	

❖ JEWISH	
❖ Muslim	
❖ No religion	
❖ Other	

ENGLISH AS AN ADDITIONAL LANGUAGE? (Please circle)

YES / NO

NATIONAL IDENTITY: (Please select from the options below)

❖ WELSH	
❖ English	
❖ Scottish	

❖ IRISH	
❖ British	
❖ Other	

MEDICAL INFORMATION

DOCTOR'S NAME: _____

SURGERY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DOES A DOCTOR OR HOSPITAL HAVE YOUR PERMISSION TO ADMINISTER ANY REQUIRED TREATMENT TO YOUR CHILD IN AN EMERGENCY SITUATION? (Please delete) YES / NO

CAN YOUR CHILD BE TAKEN OUT OF SCHOOL IN AN EMERGENCY? (Please delete) YES / NO

DIETARY NEEDS

DOES YOUR CHILD HAVE ANY DIETARY NEEDS THE SCHOOL MUST BE AWARE OF? (I.E - Artificial colour allergy, Gluten free, Halal, Kosher foods only, No dairy produce, No nuts of any type, No pork, Seafood allergy, vegetarian)

SPECIAL EDUCATIONAL NEEDS

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS THAT THE SCHOOL NEEDS TO BE AWARE OF? IF SO PLEASE CAN YOU SUPPLY DETAILS BELOW:

MODE OF TRANSPORT How will your child be travelling to school?

❖ CAR/VAN	
❖ Walking	
❖ Taxi	

❖ CAR SHARE	
❖ Public Transport Ie Bus	
❖ Bicycle	

SCHOOL MEAL INFORMATION What meal will your child be having at school?

❖ SCHOOL MEAL	
❖ Packed Lunch	

❖ FREE MEAL	
❖ Going home	

PARENTAL CONSENT Does the school have your parental consent to the following:

1. Does your child have parental consent for the school to include your child on the school Website?
 2. Does your child have parental consent for the school/external agencies (Photographer, local newspaper) to take photographs /name your child?
 3. Does your child have parental consent to take part in any SRE (Sexual Relationship Education) lessons/ puberty lessons provided by our school staff? (This applies to Year 5 pupils only)
 4. Does your child have parental consent to partake in any **local** school visits? (Letters regarding all organised school visits/trips **further afield** will be sent out when required along with additional parental consent and contact information forms)
 5. My child has access to the internet at home (Learning Portal)
- (Please indicate with a Y for Yes and an N for No)

1. Photograph Student	
2. Sex Education lessons (Year 5 only)	

3. Local Visits	
4. Child has access to the internet at home	

DETAILS OF BROTHERS/SISTERS ATTENDING PRIMARY OR SECONDARY SCHOOL

NAME	CLASS	NAME OF SCHOOL IF NOT ALL SAINTS'+ PRIMARY

PARENT/GUARDIAN INFORMATION

TITLE (MR, MRS ETC): _____

SURNAME: _____

FORENAME: _____

RELATIONSHIP TO CHILD (MOTHER/FATHER ETC):

ADDRESS: (If different to pupil's address)

HOME TELEPHONE NO: _____

WORK TELEPHONE NO: _____

MOBILE TELEPHONE NO: _____

E-MAIL ADDRESS: _____

ARE YOU THE CUSTODIAL PARENT OF THIS CHILD?

(Please circle) YES / NO

SHOULD YOU BE CONTACTED IN AN EMERGENCY?

(Please circle) YES / NO

TITLE (MR, MRS ETC): _____

SURNAME: _____

FORENAME: _____

RELATIONSHIP TO CHILD (MOTHER/FATHER ETC):

ADDRESS: (If different to pupil's address)

HOME TELEPHONE NO: _____

WORK TELEPHONE NO: _____

MOBILE TELEPHONE NO: _____

E-MAIL ADDRESS: _____

ARE YOU THE CUSTODIAL PARENT OF THIS CHILD?

(Please circle) YES / NO

SHOULD YOU BE CONTACTED IN AN EMERGENCY?

(Please circle) YES / NO

SPECIAL CIRCUMSTANCES

PLEASE DETAIL BELOW IF THERE ARE ANY SPECIAL CIRCUMSTANCES EG; SEPARATED PARENTS, RIGHTS OF ACCESS, SEPARATED PARENTS EACH REQUIRING A REPORT ETC.

EMERGENCY CONTACT DETAILS (Please note the school needs at least two contact details other than the custodial parents)

FIRST EMERGENCY CONTACT

NAME: _____

TELEPHONE NUMBER: _____

WORK PLACE: _____

WORK CONTACT NUMBER: _____

RELATIONSHIP TO PUPIL: _____

SECOND EMERGENCY CONTACT

NAME: _____

TELEPHONE NUMBER: _____

WORK PLACE: _____

WORK CONTACT NUMBER: _____

RELATIONSHIP TO PUPIL: _____

THIRD EMERGENCY CONTACT

NAME: _____

TELEPHONE NUMBER: _____

WORK PLACE: _____

WORK CONTACT NUMBER: _____

RELATIONSHIP TO PUPIL: _____

Signed: (Parent/Carer)

Dated:

OFFICE USE ONLY

PROOF OF RESIDENCY CHECKED: _____

BIRTH CERTIFICATE CHECKED: _____

EVIDENCE CHECKED FOR FSM & MILK: _____

DATE ADMITTED TO SCHOOL: _____

YEAR GROUP: _____ CLASS: _____

ADMISSION NO: _____

UPN NO: _____

PROCESSED BY: _____

DATE: _____