

CARR'S GLEN PRIMARY AND NURSERY SCHOOL



Dear Parent(s)

In order to help us in caring for your child we ask that you provide the information requested (on both sides of this form), and that you return it to the school office as soon as possible.

ALL Information will be treated as **CONFIDENTIAL**.

PUPIL'S NAME (as shown on Birth Certificate): _____

***Surname you would like your child to be known by:** _____

*You may request that your child is registered with a different name than that shown on their Birth Certificate but please note that this will not be recognised by the EA (Belfast) unless it is changed legally and documentary evidence provided.

Part A Medical Information AND / OR Special Dietary Needs

Please use this space to note any medical problem, or condition, of which we should be aware (continue on additional sheet if necessary):

Part B Contact Persons

This information is needed in case of an accident or an emergency (eg sickness)

(1) Name of person to be contacted first: _____

Relationship to child: _____

Address: _____ Postcode: _____

Tel. Number(s): Mobile: _____ Other: _____

(2) Name of person to be contacted second: _____

Relationship to child: _____

Address: _____ Postcode: _____

Tel. Number(s): Mobile: _____ Other: _____

(3) Name of person to be contacted third: _____

Relationship to child: _____

Address: _____ Postcode: _____

Tel. Number(s): Mobile: _____ Other: _____

Part C Ethnicity (This information is required for statistical purposes only.)

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Chinese/Hong Kong | <input type="checkbox"/> Other * / None |

* If "Other", please state: _____

Part D Religious Affiliation (This information is required for statistical purposes only).

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Presbyterian | <input type="checkbox"/> Church of Ireland | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Elim | <input type="checkbox"/> Other * / None |

* If "Other", please state: _____

Part E Please state Home Language (Only if NOT English)

Do you require our main school policies in a different language? YES/NO

If so, what language? _____

Part F Name of Previous School/Nursery: _____

Part G Attended Sure Start: YES / NO (please circle whichever applies)

Part H Full name(s) of any Brothers/Sisters already attending Carr's Glen:

ADDITIONAL INFORMATION

Mother OR Father's Name/Address: _____
(ONLY if different from the
child's home address/surname). _____

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE:

Parental Responsibility Information

Pupil Details

Child's Name	
Date of Birth	
Address	

The following adults live with the child and act as a parent:

Name	Relationship to Child	Address

The following adults have parental responsibility but do not live with the child:

Name	Relationship to Child	Address

Are there any court orders which relate to the child? (eg Custody Orders, Contact Orders, Residence Orders under the Children (Northern Ireland) Order 1995?)

Yes		No	
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If YES, please give details:

This information will be transferred into the school's computer system. Under the Data Protection Act anyone named above has the right to know that information about them has been collected and given an opportunity to check its accuracy.

This form should be signed by someone with parental responsibility wherever possible.

PLEASE RETURN THIS FORM TO SCHOOL AS SOON AS POSSIBLE:

SIGNED:	RELATIONSHIP TO CHILD:
DATES:	