



ST. PATRICK'S CATHOLIC PRIMARY & NURSERY SCHOOL, A VOLUNTARY ACADEMY.
Coronation Avenue, Wilford, Nottingham NG11 7AB
☎ 0115 9152961 Fax 0115 9152962 Email: admin@st-patricks.nottingham.sch.uk
Website: www.st-patricks.nottingham.sch.uk

Headteacher: Mrs T Lane

Date: *Sept 2017*

Dear Parents/Carers

EMERGENCY INFORMATION

We are required each year, by legislation, to update all information regarding addresses, telephone numbers, etc., of each child in school. This information is essential should you need to be contacted in an emergency for any reason.

We would be most grateful if you could complete a form for each child in your care and return it/them to the School Office immediately.

Please remember the information is extremely important and enables us to contact someone in an emergency involving your child, should be unable to contact you.

Kind regards

Mrs T Lane
Headteacher

St Patricks Catholic Voluntary Academy

PUPIL REGISTRATION FORM



The information on this form will be stored on computer and, as such, is subject to the Data Protection Act 1998. All information is confidential and may only be accessed by those with a legal right to see it. You have the right to examine information about you or your child that is kept on computer, and to correct information that you feel is wrong or misleading.

CHILD'S INFORMATION

Surname:	Forenames:
Address:	Home Telephone Number:
Post Code:	
Gender: Male / Female (please select)	Religion:
Date Of Birth:	
Previous School Name & Address: (if applicable)	

DETAILS OF PARENTS / CARERS

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish them to be contacted in an emergency.

Name & Title:		
Relationship to Child:		
Address: (if different to child)		
Home Tel:	Work Tel:	Mobile:
Email Address:		
Occupation:		

Name & Title:		
Relationship to Child:		
Address: (if different to child)		
Home Tel:	Work Tel:	Mobile:
Email Address:		
Occupation:		

MEAL ARRANGEMENTS (check entitlement to Free School Meals)

Free School Meal:	Paid School Meal:	Sandwiches:
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Please also complete the back of this sheet

CHILD'S MEDICAL DETAILS

Name of Doctor:	
Address:	
Telephone Number:	
Please give details of any medical conditions or medication required:	
Please give details of any additional needs your child has e.g. learning, language, medical, behavioural	
Does Your child have a Statement of Special Education Needs / EHCP?	Yes / No (delete)

ETHNICITY

This information is required by the DfE and is for equality monitoring purposes only. The categories used are specified by the Local Education Authority. Please select the most appropriate:

Description	Tick	Description	Tick
White British		Black African	
White Irish		Black Caribbean	
White / Asian		Any other Black Background	
White / Black African		Chinese	
White / Black Caribbean		Indian	
White Gypsy / Roma		Pakistani	
White Traveller - Irish Heritage		Any other Mixed Background	
Any other White Background		Any other ethnic group	
Bangaladeshi		Any other Asian Background	

Language Spoken by Child at Home:		
Child's Country of Birth:	Child's Nationality	If not born in the UK how long has child lived in the UK?
Child's Immigration Status: Seeking Asylum / Refugee Status / EU Migrant / Student / N/A (please circle as applicable)		

Signature of Parent/Carer:	Date:
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School Use Only

School Admission Date:	UPN:
Baptismal Certificate seen Yes / No	
Birth Certificate seen Yes / No	
Proof of Address seen Yes / No	