



St Patrick's  
Catholic Voluntary Academy

**ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.**

Coronation Avenue, Wilford, Nottingham NG11 7AB

☎ 0115 9152961 Fax 0115 9152962

Email: [admin@st-patricks.nottingham.sch.uk](mailto:admin@st-patricks.nottingham.sch.uk)

Website: [www.st-patricks.nottingham.sch.uk](http://www.st-patricks.nottingham.sch.uk)



**OUR LADY  
OF LOURDES**

CATHOLIC MULTI ACADEMY

**Headteacher:** Mrs T Lane

7<sup>th</sup> September 2018

Dear Parents/Carers,

At the start of the academic year it is important that we have up to date and correct information about your child to ensure their safety and to enable us to keep you fully informed about what is happening in school.

Without the attached information we may be unable to contact you in an emergency or provide for and meet your child's safety and medical needs which could lead to potentially putting your child at risk.

**Please complete and return all the attached forms to the school office by Friday 14<sup>th</sup> September 2018.**

Thank you for working with us to support your child in school and to maintain important links with 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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## 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	

To be returned to the School Office

**AUTHORISATION FORM FOR CHILDREN TO BE COLLECTED FROM SCHOOL AT THE END OF THE DAY**

NAME OF CHILD..... CLASS .....

**IS ONLY TO BE DISMISSED INTO THE DIRECT CARE OF THEIR PARENTS OR NOMINATED PERSON (S) DETAILED BELOW**

Parents Names ..... Mobile number .....

.....Mobile number.....

Relationship to the child .....

Name of nominated person .....Mobile number.....

Relationship to the child .....

Name of nominated person.....Mobile number.....

Relationship to the child .....

**Monday/Tuesday/Wednesday/Thursday/Friday**

(Please indicate which day(s) the nominated person will collect your child)

**SIGNED BY PARENT .....**

**DATE .....**

SIGNED .....PRINT NAME ..... DATE .....



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Dear Parents/Carers,

As a method of recording your child's learning and what your child achieves we will be taking photographs of them at work alone and with other children. We use these photos on display in school and in the following ways for which we need your consent. Please complete and return this photo consent form to the school office. In using the photos on our Twitter account it gives you an opportunity to see your child enjoying their learning in school. Without your consent your child may have to be withdrawn when we take photos in school. If you would like further information about how we use the photos, please contact your child's class teacher.

**I give my consent for my child's photo to be used on:**

- |   |                          |             |
|---|--------------------------|-------------|
| The St Patrick's Academy Website              | <input type="checkbox"/> | Please Tick |
| The St Patrick's Academy Twitter Page         | <input type="checkbox"/> | Please Tick |
| The St Patrick's Academy Brochure             | <input type="checkbox"/> | Please Tick |
| The Our Lady of Lourdes Academy Trust Website | <input type="checkbox"/> | Please Tick |
| The Becket School Website                     | <input type="checkbox"/> | Please Tick |

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Signed Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_