

# Howbridge Church of England Junior School

## DATA FORM

### Office Use Only

Admission Date.....Class.....

UPN.....House.....

**PLEASE COMPLETE ALL SECTIONS \* delete as appropriate**

**Child's Details** (Please note that the child must be registered in the Surname on the Birth Certificate, unless you have evidence of a legal change of name).

Surname ..... Date of Birth.....

First Names ..... Boy/Girl\*

Address .....

Postcode ..... Home Telephone.....

Previous School .....

Address..... Telephone.....

Child attended from ..... to.....

**Details of Adults living with child:**

**Mother/step parent \***

**Father/step parent\***

Title and Surname .....

First names .....

Telephone No. ....

Mobile No. ....

Occupation. ....

Work contact No. ....

Email Address. ....

**Please complete reverse of this form**

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Please give details of any person/s who has/have a **LEGAL Parental Responsibility** for this child. Please include their names and addresses below. Documentary Evidence will be required.

<b>SURNAME</b> Address	<b>First Names</b>
<b>Postcode</b> Please state relationship to child.	<b>Tel No</b> <b>Mobile</b>
<b>SURNAME</b> Address	<b>First Names</b>
<b>Postcode</b> Please state relationship to child.	<b>Tel No</b> <b>Mobile</b>

Please give details of all your other children

Child's name	Date of Birth	Current School (if appropriate)

Children can get upset when they are ill and we are unable to contact you. Please give details of at least two **LOCAL** relatives, friends or neighbours who we can Contact in case of illness / emergency. Please remember to inform the school of any changes to your child's contact details in the future.

Name	Relationship To child	Address	Telephone
			Home Work Mobile
			Home Work Mobile
			Home Work Mobile

**FREE SCHOOL MEALS**

<b>My child does/does not receive free school meals</b>	<b>Date of renewal if currently authorised for free school meals by Essex County Council: Family Ref No:</b>
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**Dietary Needs** Please give information on any special dietary needs or allergies

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**MEDICAL DETAILS**

<b>Doctor</b>	
<b>Telephone</b>	
<b>Details of medical conditions and treatments the school should be aware of:</b>	
<b>PLEASE NOTE – ONLY MEDICATION PRESCRIBED BY A DOCTOR CAN BE ADMINISTERED IN SCHOOL.</b>	

**Please detail any other information you feel the school should know about your child i.e. Special needs /speech problems/**

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<b>Ethnicity</b>	
<b>Country of Birth</b> .....	<b>First Language</b> .....
<b>Pupil Nationality</b> .....	
<b>Ethnicity</b> .....	<b>Religion</b> .....

<b>Mode of Transport to and from school</b>
<b>Walk/Car/Taxi/Other (please list)</b> .....

**Does your family have a past association with a particular house? if so, please tick the relevant house below.**

**Crittall ..... Luard ..... Sayers ..... Taverner .....**

**ALL INFORMATION IS CONFIDENTIAL AND WILL BE HELD ON COMPUTER**