



St Mary of the Angels Catholic Primary School

Head teacher: Mrs. C.M. O'Hara B.Ed DPSE



Surname		Date of Birth	
Forename		Gender	

Home Address	
Postcode	
Home telephone	

Contact Information

Mother's Full Name		Parental Responsibility YES / NO
Father's Full Name		Parental Responsibility YES / NO

1st Contact

Name	Relationship	Parental Responsibility	YES/NO
Address		Home Phone	Mobile Phone
		Work Phone	
Post code			
Email address			

2nd Contact

Name	Relationship	Parental Responsibility	YES / NO
Address		Home Phone	Mobile Phone
		Work Phone	
Post code			
Email address			

3rd Contact

Name	Relationship	Parental Responsibility	YES / NO
Address	Home Phone		Mobile Phone
Post code	Work Phone		
Email address			

Is there a court order preventing a family member having contact with your child and access to their data? If yes, please supply copy of evidence	YES / NO
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Sibling Information

Name and present year group of any brothers or sisters in attendance at St Mary of the Angels

Dietary - Free school meals eligible?	YES/NO
Is your child a Looked after child?	YES/NO
Is your child adopted?	YES/NO
Are you a member of the Armed Forces?	YES/NO

Is your child on the SEN register?	YES/NO
If yes: Statement or EHCP	
Other in-school support?	YES/NO

Medical

Doctors name	
Surgery address	
Post code	
Telephone number	

1) Does your child have any medical conditions (eg. Asthma, eczema, diabetes)? If yes, please give details	YES / NO						
2) Does your child suffer from any re-occurring illnesses which may affect their schooling? If yes, please give details	YES/NO						
3) Does your child have problems with:- If yes, please give details	<table border="0"> <tr> <td>Eyesight</td> <td>YES / NO</td> </tr> <tr> <td>Hearing</td> <td>YES / NO</td> </tr> <tr> <td>Speech</td> <td>YES / NO</td> </tr> </table>	Eyesight	YES / NO	Hearing	YES / NO	Speech	YES / NO
Eyesight	YES / NO						
Hearing	YES / NO						
Speech	YES / NO						

4) Does your child have any allergies? If yes, please give details	YES / NO
5) Does your child take any medication on a regular basis? If yes, please give details	YES / NO
6) Do any of these medicines need to be taken during school hours? If yes, please give details	YES / NO

Please note that 'in cases if an EMERGENCY' if we are unable to contact you we will seek further medical assistance for your child.

Dietary needs Dietary preferences	
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Cultural Information - Please select from the table below

Ethnicity	Please tick ✓	Language	Please tick ✓	Religion	Please tick ✓
Any other Asian background		English		Anglican	
Any other Mixed background		French		Baptist	
Any other White background		German		Christian	
Black - African		Greek		Hindu	
Black - Caribbean		Hindi		Jewish	
Indian		Italian		Muslim	
Pakistani		Malayalam		No Religion	
Refused		Other		Other Religion	
White British		Punjabi		Refused	
Mixed White and Asian		Polish		Roman Catholic	
Mixed White and Black African		Refused		Sikh	
Mixed White and Black Caribbean		Romanian			

Family's First Language	
Country of Birth	
Nationality	

Previous school information

School name	
Address	
Telephone number	