

Year



**Contact details** (Please add as many emergency contacts as possible and complete both sides of this form, thank you)

Child's Name \_\_\_\_\_ Gender: **M** or **F**

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Post code \_\_\_\_\_

Ethnicity \_\_\_\_\_

Country of birth \_\_\_\_\_ Nationality \_\_\_\_\_

First language \_\_\_\_\_

Child's Religion \_\_\_\_\_

Date Baptised \_\_\_\_\_

Parish in which your child was baptised \_\_\_\_\_

**Parent/Guardian - I confirm that all contacts listed below have given consent to be contacted by Holy Spirit and that they consent to Holy Spirit storing their data.**

Parent/Guardian Signature \_\_\_\_\_

<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>
Full Name:	Full Name:
Relationship:	Relationship:
Address:	Address:
Mobile:	Mobile:
Home tel:	Home tel:
Email:	Email:
DOB:	DOB:
NI Number:	NI Number:

**Additional Emergency contact details:**

<b>1<sup>st</sup> contact</b>	<b>2<sup>nd</sup> contact</b>
Full Name:	Full Name:
Relationship:	Relationship:
Address:	Address:
Home tel:	Home tel:
Mobile:	Mobile:

Year
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<b>Medical</b>	
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Family Doctor Name Address	
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Telephone No	
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Does your child have any Allergies?	
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Does your child have any Dietary conditions?	
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Does your child have any existing medical conditions?	
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Is your child on any on-going Prescribed medication?	
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<b>Additional Information</b>	
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Are you eligible for Free School meals?	Yes/No
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Mode of Travel:	
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Generally who will pick up your child on a regular basis:	
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If your child is in year 5 or Year 6, do you give permission for him/her to walk home alone?	Yes/No
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<i>If your child is a new starter to Holy Spirit please could you also provide the following:</i>	
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Previous school name and address:	
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