



HORNCASTLE PRIMARY SCHOOL INFORMATION FORM



Pupil Details

Surname _____ Legal Surname _____ (if different from above) Forename _____ Middle Name(s) _____ Known Name _____ Date of Birth _____ (as verified by birth certificate) Gender: Male/Female	Address at which pupil is residing: House No/Name _____ Street 1 _____ Street 2 _____ City/Town _____ County _____ Postcode _____ Home Tel No _____
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Name and date of birth of sibling(s) in school:

Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____

Parent/Guardian 1 Details

Title (please circle) Mr / Mrs / Miss / Dr / Ms	Parental responsibility: YES <input type="checkbox"/> NO <input type="checkbox"/>
Surname _____	Forename _____
Address (if different from above) _____	
_____	Postcode _____
Mobile No _____	Email _____
Status (please tick one) Mother () Father () Step Parent () Aunt () Uncle () Grandparent ()	
Other (please detail) _____	
Place of Work _____	Work No _____

Parent/Guardian 2 Details

Title (please circle) Mr / Mrs / Miss / Dr / Ms	Parental responsibility: YES <input type="checkbox"/> NO <input type="checkbox"/>
Surname _____	Forename _____
Address (if different from above) _____	
_____	Postcode _____
Mobile No _____	Email _____
Status (please tick one) Mother () Father () Step Parent () Aunt () Uncle () Grandparent ()	
Other (please detail) _____	
Place of Work _____	Work No _____

Emergency Contact 1	Name:		Relationship:	
	Tel no:			
Emergency Contact 2	Name:		Relationship:	
	Tel no:			
Emergency Contact 3	Name:		Relationship:	
	Tel no:			

Medical Information, declarations and consentDoes your child suffer from any conditions requiring medical treatment or medication? **YES** **NO** *If yes, please give details:*

Please continue on a separate piece of paper if necessary.

Is your child allergic to any medication or treatment? *If yes please give details:* **YES** **NO**

Please continue on a separate piece of paper if necessary.

Name, address and telephone number of family doctor/GP:

Consent for school to contact doctor / seek emergency care & administer first aid? **YES** **NO** **Food**Is your child allergic to any foods? *If yes, please give details:* **YES** **NO**

Please outline any other special dietary requirements of your child:

Please continue on a separate piece of paper if necessary.

Educational Needs – Does your child have:Any special educational needs? **YES** **NO** *If yes, please give details:*

Any previous/current outside agency support?

*Eg Portage, Speech & Language:***YES** **NO** **PERMISSIONS**

I agree for the images taken of my child to be used by the School in accordance with the School's Photography Policy for the purpose of promoting and celebrating events.	Class photos (for parents/carers to purchase)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	EYFS school's assessment software including '2 Simple'	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Photos for displaying in school	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Photos to appear in newspapers	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Photos online	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Videos online	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Films	Permission to watch selected PG films in school	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Local educational visits or trips

At various times in the year visits may be made to local sites in the town, e.g. park, library and church. These visits will be led by a member of staff and will have an appropriate number of adults to ensure safe supervision. Permission given for my child to take part:

YES **NO** **Ethnic Origin**White British Asian Indian Black/African/Caribbean/Black British Mixed/multiple ethnic group

Other _____

NationalityBritish Indian Pakistani Bangladeshi Chinese Polish French

Other _____

Language spoken at homeEnglish Bengali Polish French Russian Hindi Italian

Other _____

ReligionChristian (all denominations) Hindu Buddhist Muslim No Religion

Other _____

Print Name _____

Signed _____

Date _____

Please give any further details here: