

SACRED HEART PRIMARY SCHOOL

Convent Rd, Fenham, Newcastle upon Tyne NE4 9XZ

Tel: 0191 2746695

Fax: 0191 2748737

School Contact Form

Date of Admission

Child's Personal Details:

Name

Known As

Gender M F Unknown

D.O.B.

Address

Unique Ref. No.

Religion

Postcode

Tel

Ethnicity:

White	Black/Black British	Asian or Asian British	Mixed	Chinese/other ethnic group
White British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
White Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Other White <input type="checkbox"/>	Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Not given <input type="checkbox"/>
		Other Asian <input type="checkbox"/>	Other Mixed <input type="checkbox"/>	

Previous Schools and Addresses:

Previous schools

Previous addresses

Immigration status

Child's first language

Parent(s) first language

Is the child disabled? Yes No

If yes, give details

Is an interpreter or signer required?

Yes No

Has this been arranged?

Yes No

Details of any special requirements (for child and/or parent, including dietary – medical /religious etc)

[Empty text box for special requirements]

Form Information:

Date of form completion

[Empty text box for date of completion]

Name of person completing form

[Empty text box for name]

Role of person completing form

[Empty text box for role]

Tel

[Empty text box for telephone number]

Reason for Admission

[Large empty text box for reason for admission]

Details of persons with parental responsibility:

Name

[Empty text box for name]

Name

[Empty text box for name]

Address

[Empty text box for address]

Address

[Empty text box for address]

Post code

[Empty text box for post code]

Post code

[Empty text box for post code]

Home Tel:

[Empty text box for home telephone]

Home Tel:

[Empty text box for home telephone]

Mobile Tel:

[Empty text box for mobile telephone]

Mobile Tel:

[Empty text box for mobile telephone]

Place of Work:

[Empty text box for place of work]

Place of Work:

[Empty text box for place of work]

Work Tel:

[Empty text box for work telephone]

Work Tel:

[Empty text box for work telephone]

Relationship to child

[Empty text box for relationship to child]

Relationship to child

[Empty text box for relationship to child]

Emergency Contact Details:

Emergency Contact Name

[Empty text box for emergency contact name]

Emergency Contact Address

[Empty text box for emergency contact address]

Tel:

[Empty text box for telephone number]

Mobile:

[Empty text box for mobile number]

Relationship to Child

[Empty text box for relationship to child]

Current family & home situation:

(E.g. family structure and who the child lives with and doesn't live with, including siblings, other significant adults etc.)

Names	D.O.B	Gender	School	Relationship to Child

Other Agencies Involved with Child/Family:

FAMILY GP

ADDRESS

TEL No:

Other

Educ. Provision:

Ed.Psych
Health
SENTASS
EWS

Contact:

Immigration
Social Services

Medical Information:

This information is to help us provide the fullest support for your child

Condition

*E.g. Allergy, Asthma, Diabetes, Diet, Eczema,
Epilepsy, Hay Fever, Hearing Difficulties,
Kidney/Bladder, Sight Difficulties, Speech, Other*

Please detail any medication your child needs to take to school: (You will also need to complete a request form)

Travel to school method:

Method E.g. Bus, Bicycle, Car, Taxi, Walk, Other
Accompanied?

Outings Consent:

I give permission for my child to take part in any supervised visits, during school time, in the locality of the school (where transport is not involved)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Photograph, Television and Radio Consent:

My child's photograph can be displayed on City Council's display boards or used in any other publicity for example newspaper articles or on the City Council's Website. I understand that no personal details will be used unless I give my permission

I agree <input type="checkbox"/>	I do not agree <input type="checkbox"/>
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My child may be filmed or interviewed for any television or radio programme

I agree <input type="checkbox"/>	I do not agree <input type="checkbox"/>
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Is there any other information you feel that the school needs to know?

THE INFORMATION THAT YOU PUT ON THIS FORM WILL BE HELD ON COMPUTER AND WILL BE TRANSFERRED TO YOUR CHILD'S NEXT SCHOOL

Parent/Guardian Signature

Date: