



## PUPIL DETAILS FORM

The information requested is being collected under the Education (Pupil Registration) Regulations 2006. Under the provisions of the Data Protection Act 1998, it will be used only for the purpose of pupil administration, will be held securely and will only be disclosed to staff in the school or to Somerset Local Authority or to the Department of Education where there is a right of access, or where this is appropriate. If a disclosure elsewhere becomes necessary, we will contact you before doing this. When no longer required, it will be handled in a manner to its sensitivity and the necessary regulations.

### Pupil Details

<b>Legal Surname*</b>		<b>Preferred Surname</b>	
<i>*Legal Surname is the name that appears on the pupil's birth certificate. Please supply relevant supporting evidence for any legal name change.</i>			
<b>Legal Forename**</b>		<b>Preferred Forename</b>	
<i>**Legal Forename is the name that appears on the pupil's birth certificate. Please supply relevant supporting evidence for any legal name change.</i>			
<b>Middle Name(s)</b>		<b>Date of Birth</b>	
<b>Gender</b>		<b>Admission Date</b>	
<b>Pupil's Address</b>			

### Contact Information

**Please give details of all persons who have Legal Parental Responsibility. If there are more than two persons with Legal Parental Responsibility, please provide the required information in the General Information box at the end of this form. For a definition please refer to the GOV.UK website and search for Parental Rights & Responsibilities.**

<b>Name</b> <i>For adults with legal parental responsibility</i>	<b>Contact/Priority 1</b>	<b>Contact/Priority 2</b>
<b>Relationship to Pupil</b>		
<b>Contact Address</b> <i>if different to pupil</i>		
<b>Contact Telephone Numbers/Email Addresses</b>	<b>Home:</b> <b>Work:</b> <b>Mobile:</b> <b>Email:</b>	<b>Home:</b> <b>Work:</b> <b>Mobile:</b> <b>Email:</b>
<b>Contact in an Emergency</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

<b>Details of any other adult to be contacted in an emergency</b>  <b>Contact/Priority3</b>	<b>Name:</b>  <b>Address:</b>     <b>Relationship to child:</b>  <b>Home:</b>  <b>Work:</b>  <b>Mobile:</b>  <b>Email:</b>
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### Separated Parents

Please complete the section below with details of any separated parent that has Legal Parental Responsibility.

<b>Name</b> <i>For adults with Legal Parental Responsibility</i>	
<b>Relationship to Pupil</b>	
<b>Contact Address</b>	
<b>Contact Telephone Numbers/Emails</b>	<b>Home:</b>  <b>Work:</b>  <b>Mobile:</b>  <b>Email:</b>
<b>Contact in an Emergency?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Court Orders</b> <i>Are any court orders in place? If yes, please provide details</i>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>  <b>Details:</b>
<b>Does the child live with the separated parent?</b> <i>Circle the most appropriate response</i>	<b>Yes, full-time</b>  <b>Yes, part-time</b>  <b>No</b>

### Medical Information

<b>Surgery Address</b> <i>including post code</i>	
<b>Telephone Number</b> <i>including dialling code</i>	

**Please give below information on medical conditions, allergies, drug sensitivity or regular medication.**

**Please give below information on any special dietary needs.**

**Most recent previous school (including nursery or pre-school if applicable)**

Name	Address	Telephone Number

**Please list any siblings, giving dates of birth and address details**

Sibling Name	Sibling Date of Birth	Sibling Address

### Further information

<b>Ethnicity</b>		<b>Country of Birth</b>	
<b>Parent/s in Armed Services? Y / N</b>			
<b>First Language</b> <i>(i.e. language spoken at home during early years)</i>		<b>Religion</b>	
<b>Travel Arrangements</b>		Please circle only 1 option below.	
Boarder, Bus, Car Share, Car/Van, Cycle, School Bus, Metro/Tram/Light Rail, Other, Public Bus, Taxi, Train, Walk			

<b>Free School Meal</b> Is your child <b>entitled</b> to a Free Meal?	
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T=Yes, F=No.

### General information

Please give below any other information which you feel might help the school to ensure the best interests of the pupil are met, e.g., if any Court Orders exist, if your child has any Special Educational Needs or if your child has any regular caring responsibilities (when did their caring role start?) etc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_