

ST. JOSEPH'S CATHOLIC PRIMARY SCHOOL



PRINCIPAL
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ST. JOSEPH'S CLOSE
OMBERSLEY WAY
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WORCESTERSHIRE
WR9 0RY

OFFICE USE ONLY	
Admission Number:	
UPN:	

PUPIL DATA FORM

STRICTLY CONFIDENTIAL – By supplying contact details
you are giving permission to be contacted.

Please complete this form in block capitals.

SECTION A - BASIC DETAILS			
Legal forename:		Middle name(s):	
Legal surname:		Date of birth:	
Preferred forename:		Preferred surname:	
Gender	M ☐	F ☐	

SECTION B - HOME ADDRESS	
Home Address:	
Post Code:	
Home Telephone No.:	
E-Mail Address:	

SECTION C - PARENTAL DATA (With whom the child normally resides at the above address, these will be contacted in priority order)			
Priority:	1	Priority:	2
Surname:		Surname:	
Forenames:		Forenames:	
Relationship to child:		Relationship to child:	
Work Tel. No.:		Work Tel. No.:	
Mobile Tel. No.:		Mobile Tel. No.:	
Emergency Contact No.:	Work ☐ Mobile ☐	Emergency Contact No.:	Work ☐ Mobile ☐
Home Situation:	Live Together: ☐	Live Separately:	☐
Please give details of any other contact persons we can call in case of your absence:			
Priority:	3	Priority:	4
Surname:		Surname:	
Forename:		Forename:	
Relationship to child:		Relationship to child:	
Home Tel. No.:		Home Tel. No.:	
Work Tel. No.:		Work Tel. No.:	
Mobile Tel. No.:		Mobile Tel. No.:	

WORCESTERSHIRE COUNTY COUNCIL

ARCHDIOCESE OF BIRMINGHAM



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Address:		Address:	
Post Code:		Post Code:	

SECTION D - ADDITIONAL CONTACT INFORMATION			
Under the terms of the Children's Act 1989, the school will need to know the name and address of any other person who has parental responsibility for your child and any other person who has a legal right to be consulted over the child's education:			
Surname:		Forename:	
Address:			
Post Code:		Relationship to child:	
Home Tel. No.:		Work Tel. No.:	
Mobile Tel. No.:		E-Mail:	

SECTION E - MEDICAL / DIETARY NEEDS	
Does your child have any dietary needs?	
Medical Practice:	
Address:	
Telephone No.:	Doctor's Name:
Does your child have any medical needs (e.g. asthma)?	
Note: If your child requires any medication during school hours a separate medical forms needs completing. These are available from the school office.	

SECTION F - ETHNICAL INFORMATION REQUIRED BY DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES			
ETHNICITY:	☐ White - British ☐ White - Irish ☐ White - Traveller of Irish heritage ☐ White - Gypsy / Roma ☐ White - Any other white background ☐ Mixed - White and Black ☐ Mixed - White and Black African ☐ Mixed - White and Black Caribbean ☐ Mixed - White and Asian ☐ Mixed - Any other mixed Background ☐ Chinese - Chinese 	☐ Asian or Asian British - Indian ☐ Asian or Asian British - Pakistani ☐ Asian or Asian British - Bangladeshi ☐ Asian or Asian British - Any other background ☐ Black or Black British - Caribbean ☐ Black or Black British - African ☐ Black or Black British - Any other background ☐ Any other ethnic background - Other ☐ I do not wish an Ethnicity, Nationality or Country of Birth to be recorded because: 	
NATIONALITY: COUNTRY OF BIRTH:			
Child's Home Language:	Child's Religion:		
Has your child been Baptised Catholic	Yes ☐ No ☐	Do we have a copy of your child's Baptism certificate?	Yes ☐ No ☐

PUPIL DATA FORM - STRICTLY CONFIDENTIAL

Has your child had their First Holy Communion?	Yes	☐	No	☐	Has your child been Confirmed?	Yes	☐	No	☐
If your child's main language is not English, will he/she require extra support with English?						Yes	☐	No	☐
Does your child speak welsh?						Yes	☐	No	☐

SECTION G - TRAVEL INFORMATION															
How will your child normally travel to school? (Please tick)															
Walks	☐	Bicycle	☐	Car	☐	Car Share	☐	Train	☐	Taxi	☐	Bus	☐	Other	☐

SECTION H - PREVIOUS SCHOOL / NURSERY / PLAYGROUP INFORMATION	
Name:	
Address:	
Post Code:	Telephone Number:
Contact Name:	

SECTION I - ADDITIONAL INFORMATION					
Does your child have Special Educational Needs or developmental delay?		Yes	☐	No	☐
Has anyone in your family a disability that may affect their access to St. Joseph's? (Please provide details.)					
Are any of the following agencies currently involved?	☐ Speech & Language Therapist	☐ Community Paediatrician			
	☐ Educational Psychology Service	☐ Other: _____			
Does anyone in your family have Special Educational Needs?		Yes	☐	No	☐

It is vital that the school has the most up to date information about your child to ensure we can contact you in the event of an emergency. It is the parent's responsibility to update the school should any of the above information changes.

Free school meals are available if you meet certain criteria, if you would like more information please contact the school office.

SECTION J - SIGNATURE	
Parent/Guardian Signature:	Date: