

Pupil Details				
Forename / First name :				
Middle name/s:				
Surname / Second name :				
Preferred full name (if applicable) :				
Gender:	Date of Birth:			
Home Address:				
Post Code:	Contact No:			
Religious Information				
Religion:	Parish:			
Education History				
Any Previous Schools:				
Previous Home Address:				
Medical Information				
GP's Name and Address:				
GP's Telephone no:				
Medical Conditions or Illnesses:				
Special Educational Needs/Disability:				
Allergies (including food):				
Medication:				
Glasses: YES / NO (please circle)				
Any other information we should be aware of:				
Dietary Requirements				
Free School Meal (Evidence of entitlement must be given)	:[]			
Paid Meal (Nursery, and Years 3,4,5 and 6): []				
Universal Free School Meal (Reception, Years 1 and 2): []				
Packed Lunch from Home: []				
Any other dietary information:				
School Milk: YES / NO (please circle)				
Language				
The Department of Education recommends that schools should record the child's language / languages. Please indi- cate below your child's; First Language, Home Language and if they speak English as an additional language. (<i>The</i> <i>first language is the language a child was exposed to in their early years until he/she is one years old e.g. mother</i> <i>tongue. The home language is the language the child now speaks at home.</i>)				
First Language:				
Home Language:				
English as an additional language? YES / NO (please circ	English as an additional language? YES / NO (please circle)			

Parental / G	Guardian Details			
Mother / Step Mother / Foster Carer (delete as necessary)				
Title:	Forename:	Surname:		
Home Addr	ess:			
Postcode:		Mobile No:		
Email Addre	ess:			
Place of Work:		Work Tel No:		
Parental Responsibility: YES / NO (please circle)				
If you are not the parent/step parent or foster carer of the child, please state your details and relationship to the child:				
Father / Step Father / Foster Carer (delete as necessary)				
Title:	Forename:	Surname:		
Home Address:				
Postcode:		Mobile No:		
Email Addre	ess:			
Place of Wo	ork:	Work Tel No:		
Parental Responsibility: YES / NO (please circle)				
If you are not the parent/step parent or foster carer of the child, please state your details and relationship to the child:				
Additional (Contact/s Information			
	of emergency, we will contact Parents/Care end/s that we may contact in an emergenc	rs first. If possible please let us have details of other rela- y.		
Contact (1)				
Title:	Forename:	Surname:		
Home Tele	phone No:	Mobile:		
Email Address:				
Relationshi	p to child:			
Contact (2)				
Title:	Forename:	Surname:		
Home Tele	phone No:	Mobile:		
Email Addre	ess:			
Relationshi	p to child:			
Contact (3)				
Title:	Forename:	Surname:		
Home Teler	phone No:	Mobile:		
Email Address:				
Relationshi	Relationship to child:			

Parental / Guardian Consent

Parental Consent for Trips

I give permission for my child to take part in organised visits which form part of school activities and which take place within school hours under staff supervision. I understand that it may be necessary to make a contribution towards the cost of such trips before they can go ahead. Signed

Parent/Carer (delete as appropriate)

Parental Consent for Photographs

I give permission for my child to have their photograph taken during the course of school activities and for the Sacramental Programme.

Signed

Parent/Carer (delete as appropriate)

Manchester Local Authority - Key to Ethnicity Codes

We are required by the Government Partnership for Schools to maintain records of ethnic information of our pupils. Please tick the appropriate code from list for your child's ethnicity.

Asian	Mixed/Dual Background	
Indian (AIND)	White and Black Caribbean (MWBC)	
Mirpuri Pakistani (AMPK)	White and Black African (MWBA)	
Other Pakistani (ABAN)	White and Asian (MWAS)	
Bangladeshi (ABAN)	Any other mixed background (MOTH)	
African Asian (AAFR)	Other Ethnic Group	
	 Afghan (OAFG)	
Other Asian (AOTA)	Arab (OARA)	
Black	Iranian (OIRN)	
Caribbean (BCRB)	Vietnamese (OVIE)	
Nigerian (BNGN)	Any other ethnic group (OOEG)	
Somali (BSOM)	White	
Other Black African (BAOF)	British (WBRI)	
Any other back background (BOTH)	Irish (WIRI)	
Chinese	Traveller of Irish Heritage (WIRT)	
Chinese (CHNE)	Gypsy/Roma (WROM)	
	White Western European (WWEU)	
	White European (WEUR)	
	White Other (WOTW)	
	Any other white background	

Please return to Mrs L. Pearson—Headteacher (Acting)

Email: contact@st-johnbosco.manchester.sch.uk

Address: St. John Bosco R.C Primary School, Hall Moss Rd, Blackley, Manchester, M9 7AT