Pupii 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:				
Ethnicity				
We are required by the Government Partnership for S pupils. Please tick the appropriate code from the a	schools to maintain records of ethnic information of our ttached list for your child's ethnicity.			
Home Language:				
English as an additional language: YES / NO (pl	ease circle)			
Dietary Requirements				
Free School Meal (Evidence of entitlement must be give	en): []			
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)				

	Guardian Details			
Mother / Ste	p Mother / Foster Carer (delete	as nece		
Title:	Forename:		Surname:	
Home Addre	ss:			
Postcode:		Мо	bile No:	
Email Addres	SS:			
Place of Wor	k:	Wo	Work Tel No:	
	sponsibilty: YES / NO (please circ	<u>, </u>		
_	ot the parent/step parent or fostonto to the child:	er carei	of the child, please state your details and	
•	p Father / Foster Carer (delete a	s neces	ssary)	
Title:	Forename:		Surname:	
Home Addre	ss:			
Postcode:		М	obile No:	
Email Addres	SS:			
Place of Wor	k:	W	/ork Tel No:	
Parental Res	sponsibilty: YES / NO (please circ	cle)		
		er carei	of the child, please state your details and	
relationship	to the child:			
	Contact/s Information	eronte/C	Carers first. If possible please let us have details	
	ive/s or friend/s that we may conta		·	
Contact (1)	,			
Title:	Forename:		Surname:	
Home Teleph	none No:	Мо	bile:	
Email Addres	SS:	II.		
Relationship	to child:			
Contact (2)				
Title:	Forename:		Surname:	
Home Teleph	none No:	М	obile:	
Email Addres	ss:	•		
Relationship	to child:			
Contact (3)				
Title:	Forename:		Surname:	
Home Teleph	none No:	Mo	bbile:	
Email Addres	SS:	II.		
Relationship	to child:			

Parental / Guardian Consent	
Parental Consent for Trips	
I give permission for my child to take part in organised very which take place within school hours under staff superviting make a contribution towards the cost of such trips before Signed	sion. I understand that it may be necessary to
Parental Consent for Photographs	
I give permission for my child to have their photograph t for the Sacramental Programme.	aken during the course of school activities and
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	
Indian (AIND)	
Mirpuri Pakistani (AMPK)	
Other Pakistani (ABAN)	
Bangladeshi (ABAN)	
African Asian (AAFR)	
Other Asian (AOTA)	
Black	
Caribbean (BCRB)	
Nigerian (BNGN)	
Somali (BSOM)	
Other Black African (BAOF)	
Any other back background (BOTH)	
Chinese	
Chinese (CHNE)	

Mixed/Dual Background	
White and Black Caribbean (MWBC)	
White and Black African (MWBA)	
White and Asian (MWAS)	
Any other mixed background (MOTH)	
Other Ethnic Group	
Afghan (OAFG)	
Arab (OARA)	
Iranian (OIRN)	
Vietnamese (OVIE)	
Any other ethnic group (OOEG)	
White	
British (WBRI)	
Irish (WIRI)	
Traveller of Irish Heritage (WIRT)	
Gypsy/Roma (WROM)	
White Western European (WWEU)	
White European (WEUR)	
White Other (WOTW)	
Any other white background	

Please return to Mrs M. Johnson - Headteacher:

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

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