



# BADER ACADEMY

Please read the form and complete all sections which are appropriate. Your child's Birth Certificate MUST be produced at the school when you hand in this form.

This form must be completed by a person who has parental responsibility for the child.

Please remember to sign this form on page 4.

A. LEGAL SURNAME OF CHILD \_\_\_\_\_

PREFERRED SURNAME \_\_\_\_\_

LEGAL FORENAMES(S) OF CHILD \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Number of children in family \_\_\_\_\_

Position in Family 1 2 3 4 5 6 (ring as appropriate) Gender BOY / GIRL

B. If the Parent/Guardians have different addresses, please indicate where the child lives.

PARENT/GUARDIAN 1 (includes adoptive parent)

Please tick if parent/guardian should be contacted in case of emergency

i) Name MISS / MRS / MS \_\_\_\_\_

ii) Home address \_\_\_\_\_

Postcode \_\_\_\_\_ Tel No. \_\_\_\_\_ Mobile. \_\_\_\_\_

Email: \_\_\_\_\_

iii) Place and nature of work if applicable \_\_\_\_\_

\_\_\_\_\_ Tel No. \_\_\_\_\_

Does your child have a Social Worker Yes  No

If yes Name of Social Worker \_\_\_\_\_ Tel No: \_\_\_\_\_

Childs Keyworker: \_\_\_\_\_

Should we contact the parent/guardian at work in case of illness of the child YES / NO

PARENT/GUARDIAN 2 (includes adoptive parent/guardian)

Please tick if parent/guardian should be contacted in the case of emergency

i) Name \_\_\_\_\_

ii) Home address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Tel No. \_\_\_\_\_ Mobile. \_\_\_\_\_

iii) Place and Nature of work if applicable \_\_\_\_\_

\_\_\_\_\_ Tel No \_\_\_\_\_

Should we contact the parent/guardian at work in case of illness of the child YES / NO

C. If you are not the parent/guardian of the child please complete the section below

Name/s \_\_\_\_\_ / \_\_\_\_\_

Relationship to child \_\_\_\_\_

Please tick the box if you have been granted legal parental responsibility

Home address \_\_\_\_\_

Postcode \_\_\_\_\_ Tel No. \_\_\_\_\_ Mob. \_\_\_\_\_

Email \_\_\_\_\_

D. If the child is looked after by the Local Authority, please write the name and address of the person responsible for the child.

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile. \_\_\_\_\_

E. Please identify other persons other than those named in section B who could be contacted in an emergency - daytime numbers please. Please list them in the order they should be contacted.

1 Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile \_\_\_\_\_

2 Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile \_\_\_\_\_

3 Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile \_\_\_\_\_

F. Please tick the MAIN form of transport for your child's journey to school.

Car/Van  Walk  Taxi  Public Bus  Car Share  cycle

G. Will your child be having school dinners YES: paid YES: free NO: sandwiches / going home

H. i) If the child has moved address within the last 12 months, please state previous address

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ii) If the child has recently moved school, please state name, address INCLUDING POSTCODE & TELEPHONE NUMBER of the previous school, Foundation Unit, Playgroup or Nursery attended.

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I. i) Is English the first language spoken in your home? YES / NO

If not what is the first language spoken in your home \_\_\_\_\_

ii) Please indicate the child's ethnic origin. Please tick ONE only

WHITE

British  
Irish  
Traveller of Irish Heritage  
Gypsy/Roma  
White European  
Any other White background

MIXED

White and Black Caribbean  
White and Black African  
White and Asian  
White and Chinese  
Any other mixed background

ASIAN OR ASIAN BRITISH

Indian  
Pakistan  
Bangladeshi

OTHER

Yemeni  
Any other Ethnic Group

BLACK OR BLACK BRITISH

Caribbean  
African  
Any other Black background

CHINESE

I do not wish an ethnic background category to be recorded YES / NO

Religion \_\_\_\_\_

Name and Address of Medical Centre / Doctors Surgery \_\_\_\_\_

Telephone No. \_\_\_\_\_

Please state any other information that you think may be helpful. Please identify any special medical condition your child may have, or any medication your child may need to take. Does your child suffer from any allergies?

Information regarding business addresses and contact numbers is required to enable the Headteacher to get in touch with parent(s) / guardian(s) etc. in case of an emergency. Any change in circumstances should be notified to the Headteacher of the school immediately.

The information provided will be used to create and update your child's educational records. It will be used to update Local Authority records and may be used for statistical analysis and returns. Information will only be disclosed to other professionals where necessary for the educational development of your child.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

I give / do not give (please delete as appropriate) permissions for photographs of my son / daughter to be taken and used in school booklets, press, websites etc.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_