



**PLEASE USE CAPITAL LETTERS WHEN COMPLETING THIS FORM**

Surname of Child (as per Birth Certificate)			
Christian Names			
Date of Birth			
Full Name of Parent 1		N.I. No:	DOB:
Full Name of Parent 2		N.I. No:	DOB:
Parental Responsibility	Parent 1 Yes/No	Parent 2 Yes/No	Adopted Yes/No Fostered Yes/no
Address			
Home Telephone No:			
Email Address			
Mobile No: Parent 1  Parent 2			
Emergency Contact Name Address  Relationship to Child Telephone No:			I confirm that I have made third parties aware that I have provided their information  <input type="checkbox"/>
School Previously Attended			
Telephone No:			
Child's Ethnic Origin			
English as an Additional Language (child's 1 <sup>st</sup> )			
Signature of Parent			

*Appropriate information contained on this form will be held on computer files and may be shared with other relevant establishments and agencies for the purpose of providing the appropriate service or meeting legislative requirements. Please see our website for our Privacy Policy*  
<https://felsted.sites.schooljotter2.com/downloadfile/15412144>