



# Sacred Heart Catholic Primary School

## Pupil Enrolment Form

### **CONFIDENTIAL**

If your child is not accepted into school this information is destroyed. Once a child is accepted information from this first section is kept on a pupil record as well as on our computer. The computer database can only be accessed by authorised staff and is password protected. We are registered under the Data Protection Act.

**IF YOUR CHILD IS A BAPTISED CATHOLIC PLEASE ENCLOSE A COPY OF BAPTISM CERTIFICATE WITH THIS APPLICATION FORM.**

Name of Pupil	Date of Birth	Year & Parish of Baptism

<b>Child's normal term-time address:</b>

Details of any other schools attended including nursery experience.	Date entered	Date left

Brothers and sisters	Age	Current school

Emergency contacts	Full name	Tel: Home	Tel: Mobile	Tel: Work
Mother				
Father				
	(Please do not give another person's contact details unless you have that person's consent)			
Other				
Family Doctor				



To reduce the amount of paperwork we send home, please provide an email address below. This will be used where possible, to send school information, newsletters, trip letters etc .

Please provide details about any known medical condition which might affect your child's learning or participation in school events.

Under the Children Act we are obliged to seek information about anyone who may have a right to contact with the child or to receive school reports.

	Name	Address
Natural Mother		
Natural Father		
Any other parties having responsibility for the child eg. guardian or step-parent.		

**FAMILY HEALTH SUPPORT**

	YES	NO
Has your child been seen, or is waiting to be seen by any of the following health professionals?		
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapist	<input type="checkbox"/>	<input type="checkbox"/>
Audiologist	<input type="checkbox"/>	<input type="checkbox"/>
Orthoptist	<input type="checkbox"/>	<input type="checkbox"/>
Other Health Professional (please state which one)	<input type="checkbox"/>	<input type="checkbox"/>



## FAMILY HELP AND SUPPORT

Do you receive support from any other agencies such as:	YES	NO
Family Support	<input type="checkbox"/>	<input type="checkbox"/>
Social Care	<input type="checkbox"/>	<input type="checkbox"/>
The Child Development Centre	<input type="checkbox"/>	<input type="checkbox"/>
Early Help	<input type="checkbox"/>	<input type="checkbox"/>
Other – please state	<input type="checkbox"/>	<input type="checkbox"/>

Please give details of any court order to which your child is subject.	
Date	Court
Details	

### Ethnicity of pupil and cultural information

Please tick or circle the appropriate box

#### ETHNICITY

White	Black African	Black Caribbean	Black – Other Please specify	Indian	Pakistani
Bangladeshi	Chinese	Any other ethnic group  Please specify:		Prefer not to say	

#### HOME LANGUAGE

Bengali	Cantonese	English	Greek	Gujerati
Hindi	Italian	Punjabi	Portugese	Spanish
Turkish	Urdu	Other – please specify		

IS ENGLISH AN ADDITIONAL LANGUAGE FOR YOUR CHILD?

 YES

 NO



**Faith request**

Is your child a baptised Roman Catholic ?                      Yes                            No     

Baptism certificate attached    Yes/No                      Baptised at ..... on .....

**OR**

Is your child baptised in another Christian Faith?                      Yes                      No  
Which Faith? .....                                           

Baptism certificate attached    Yes/No                      Baptised at ..... on .....

**Proof of baptism is required either in the form of a baptism certificate or if your child was baptised in one of our local parishes, the name of the Church and date please**

**OR**

If your child's faith is other than Christian please confirm which faith community:.....

**OR**

I do not wish to disclose this information:     

Signed : \_\_\_\_\_ Date: \_\_\_\_\_