



Personal Details Full Name:.....

Home Address.....

Post Code Phone:Home Mobile.....*

Date of Birth/...../..... Sex M F Religion Ethnicity (see below)

School Can your child be photographed/videoed ? Y N

eMail Contact by eMail? Y N

Mother/Guardian **Father/Guardian**.....

Home Address..... Home Address

Post Code Post Code

Occupation Occupation

*Our group uses "Whatsapp" to communicate with parents, I consent to my number being used to add me to this group chat Y N

Please give 2 alternative contacts that can be used

Name Relationship Telephone Number Address of Contact

.....

.....

It is important that we are aware of any special situations – please complete as and when appropriate.

Learning difficulty e.g. Dyslexia

Autistic Spectrum Disorder (ASD)

Sensory - affecting sight/hearing

Physical – affecting mobility

Support from external carer/1:1 supporter

Mental health condition

Unseen disability e.g. diabetes, epilepsy

A disability not covered above

Dietary Needs/Allergies

Cultural/Religious Needs

I am a UK taxpayer, and would like the subscriptions and donations to be treated as *giftaid* and claim 25% refund to the Group Y N

Signature of Parent/Guardian **Date**/...../.....

Ethnic Origin is given for statistical reasons only, and will not be used for any other purpose

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|---|---|--|--|--|
| White A - English/Welsh/Scottish/ Northern Irish/British B - Irish C - Gypsy or Irish Traveller D - Any other White background | Mixed/multiple ethnic groups E - White and Black Caribbean F - White and Black African G - White and Asian H - Any other mixed/multiple ethnic background | Asian/Asian British I - Indian J - Pakistani K - Bangladeshi L - Chinese M - Any other Asian background | Black/African/Caribbean/ Black British N - African O - Caribbean P - Any other Black/ African/Caribbean background | Other Q – Arab R – Other S – Prefer not to Say |
|---|---|--|--|--|