

# **Raglan Primary School**

### **Pupil Details Form**

Please write as neatly as possible as we use this information to create your child's school record on our database/please refer to our Academy Privacy Notice for Parents/Carers

PUPIL DETAILS		
Child's Name:	Child's Date of Birth:	
Address:	Boy or Girl	
	(please circle)	
	Home Authority:	
Post Code:	(the local authority to which you pay your council tax)	
•	UARDIAN DETAILS	
Please write the details of the prime parent first. We will		
second parent would also like to be copied into correspond secondary parent/guardian box below.	ndence from the school. If this is the case please sign in the	
Please circle		
Mr/Miss/Ms/Mrs/Dr Parents Full Name	:	
Relationship to the Child:		
Relationship to the Child.		
Telephone Number: Home:	Mobile number:	
Address: (if not living with child)		
Parent's email address:		
Farein's email address:		
Please sign here to give permission for your email to be used to set up the Arbor messaging service.		
See letter enclosed. Signature		
SECONDARY PARENT/GUARDIAN DETAILS  Please circle		
Mr/Miss/Ms/Mrs/Dr Parents Full Name:		
Relationship to the Child:		
Telephone Number: Home:	Mobile number:	
relephone Nomber: Home:	Mobile nomber:	
Address: (if not living with child)		
Parent's email address:		



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Secondary Parent/Guardian - Would you like to receive emails, newsletters and communications from the school? Please sign here to give permission for your email to be used to set up the Arbor messaging service. Signature

DAVTIME EMEDOENCY	CONTACT NUMBERS		
DAYTIME EMERGENCY CONTACT NUMBERS			
In the case of an emergency, please give details of at least two people who can be contacted in the event that we cannot contact the parents/guardians. <b>Please list in order of priority.</b>			
· T	2. Name:		
Telephone numbers	Telephone numbers		
Association with the child:	Association with the child:		
3. Name:	4. Name:		
o. Ivanic.	T. Hullic.		
Telephone numbers	Telephone numbers		
	•		
Association with the child:	Association with the child:		
DD OTHERS (SISTEDS ALD)	TARVAT TUE COURS		
BROTHERS/SISTERS ALR	Date of Birth:		
Name:	Date of birth:		
Name: Date of Birth:			
PREVIOUS SCHOOL / N	URSERY / PLAYGROUP		
Name: Address:			
Education Authority: Attended From:			
Dioaco stato vous shild's first language	Planca state vehore very shild was been?		
Please state your child's first language if it is not English?	Please state where your child was born?		
ii ii io iioi Eligiioii.			
What (if any) other languages are	Please state your child's nationality?		
Spoken / known at home?			
-			
Are you or your partner currently servicing in th	ne   Please circle: Yes/ No		
military?			



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YOUR CHILD'S ETHNIC ORIGIN?		
Please		
Please tick		
White – British	Asian or Asian British — Pakistani	
White – Irish	Asian or Asian British – Bangladeshi	
White – any other White background	Asian or Asian British – any other Asian	
	background	
White – Gypsy/Roma	Black or Black British – Caribbean	
Mixed – White and Black Caribbean	Black or Black British - African	
Mixed – White and Black African	Black or Black British — any other Black	
	background	
Mixed – White and Asian	Chinese	
Mixed – any other mixed background	Any other ethnic group	
Asian or Asian British — Indian	Parent/Pupil preferred not to say	
	Information not obtained	•

YOUR CHILD'S RELIGION? Please tick		
Please tick	- 10400	
Buddhist	No religion	
Christian	Roman Catholic	
Hindu	Sikh	
Jewish	Other (please specify)	
Muslim	Parent/Pupil preferred not to say	

Signature	Relationship to the child