KNOWSLEY VILLAGE COMMUNITY PRIMARY SCHOOL

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DATE R'cvd

The information which is requested in this document may be stored on a computer and, if so, it is subject to the Data Protection Act 1984. The Act requires that all information is strictly confidential and may only be accessed by those with a legal right to see it, e.g. if there is a child protection enquiry. The information will not be given to anyone else without your written consent. You have a right to examine, at any reasonable time, information about you or your child which is kept on a computer. You have a right to correct any information which you feel is wrong or misleading. Please contact the Head if you wish to examine the information about you or your child which is kept on computer.

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Details of Child										
SURNAME		Sex (male or female)								
FORENAMES				DC) B					
Nursery ONLY	MORN	ING SE	ESSION C	OR A	AFTERNOON	I SESSION	PREFERRE	D DELETE UN	WANTED	
YEAR GROUP										
ADDRESS							Postco	ode		
TELEPHONE										
Position of child in Family 1 2 3	3 4 5				Previous	s School (if	any)			
Details of Other Children in Fam	ily:									
NAME		DATE	ATE OF BIRTH				SCHOOL ATTENDED			
Details of Parents:										
Name of Persons with whom child lives	Relationship to Cl		to Child	Pai	rental Responsibility		Telephone Number and emo address			
When the child lives with someone ot This is always the natural mother and responsibility.	her than his , where the	or her parent	parent(s), s were mar	the so	chool needs that the time the	he details of t e child was b	those perso	ons who have tural father a	e parental responsibility. also retains the parental	
Other Parental Responsibility	Relation	nship to Child			Address		Telephor		ne	
If parents are separated or di	vorced h	nas a	court ord	der b	een issued	d? Yes/	No		_	
EMERGENCY CONTACTS:				<i>.</i>						
NAME F	RELATIONS	NSHIP TO CHILD			TELEPHONE		PLACE OF		CONTACT	
Name of Doctor					Address					
Telephone					Medical Conditions of Child					
Has a statement of special ed	ducation	al nee	ed been	issue	d for your	child Yes	/ No			
Does your child wear glasses	Yes/	No	Do	es yc	our child w	ear a hea	ring aid	Yes / No	0	
Type of meal required	Schoo	ol Dinr	ner S	and	wiches	Free Me	al N	Meal at Ho	ome	
How do you travel to school	Coac	ch	Bus	Bi	icycle	Walk	Car			
Ethnic Origin of Child	uage spo	spoken at home			Religion of Child					
Signed Print No.									Date	