



SOUTHBOROUGH HIGH SCHOOL ADMISSIONS
PERSONAL DETAILS INFORMATION

Please complete All PAGES of this form clearly in **BLOCK CAPITALS**

PUPIL INFORMATION

PUPIL SURNAME.....

PUPIL FORENAME.....

PUPIL PREFERRED NAMES.....
(If different from above)

PUPIL DATE OF BIRTH

PUPIL HOME ADDRESS.....

POSTCODE HOME TEL NO

ETHNIC ORIGIN FIRST LANGUAGE.....
(e.g. White British/ Asian/)

HOME LANGUAGE.....RELIGION.....

COUNTRY OF BIRTH NATIONALITY

PRIMARY SCHOOL.....

MODE OF TRAVEL TO SCHOOL (please circle)Walk.....Bus.....Bike.....Car.....

HAS THE PUPIL EVER RECEIVED FREE SCHOOL MEALS? Please give dates

IF PUPIL HAS EVER BEEN ADOPTED - PLEASE GIVE DETAILS

IF PUPIL HAS EVER BEEN LOOKED AFTER (Registered in public care) PLEASE GIVE DETAILS

DETAILS OF SIBLINGS CURRENTLY AT SOUTHBOROUGH

FULL NAME..... TUTOR GROUP.....

PUPIL LIVES WITH

.....
(E.G. Father & Mother, Mother only , Grandparent)

PARENTAL INFORMATION

Please give details of parents/relatives/neighbours/friends who you wish to be contacted in an emergency in case your son is taken ill or has an accident. Please place them in the order you wish them to be contacted. Ideally they should be able to drive and be willing to come to the school to collect your son if necessary.

CONTACT 1: - THIS SHOULD BE MOTHER / FATHER / GUARDIAN (whoever has responsibility)

SURNAME **INITIAL.....** **MR / MRS / MS/MISS**

RELATIONSHIP TO THE PUPIL

PARENTAL RESPONSIBILITY Yes / No (please indicate)

HOME ADDRESS.....

POSTCODE..... HOME TEL NO.....

MOBILE DAY/WORK NO

EMAIL

CONTACT 2: - THIS SHOULD BE A SECOND PARENT OR LEGALLY RESPONSIBLE PERSON
(if possible)

SURNAME **INITIAL.....** **MR / MRS / MS/MISS**

RELATIONSHIP TO THE PUPIL

PARENTAL RESPONSIBILITY Yes / No (please indicate)

HOME ADDRESS.....

POSTCODE..... HOME TEL NO.....

MOBILE DAY/WORK NO

EMAIL

CONTACT 3:

SURNAME **INITIAL.....** **MR / MRS / MS/MISS**

RELATIONSHIP TO THE PUPIL

PARENTAL RESPONSIBILITY Yes / No (please indicate)

HOME ADDRESS.....

POSTCODE..... HOME TEL NO.....

MOBILE DAY/WORK NO

EMAIL

MEDICAL INFORMATION

GP/SURGERY NAME

GP ADDRESS.....

GP TEL NO

DOES YOUR SON SUFFER FROM ANY OF THE FOLLOWING (please circle)

Asthma Diabetes Migrane Fits Eczema dietary complaint/Allergy

Allery to Penicillin

**If any of the above please provide full details
PERMISSIONS TO ADMINISTER 1 DOSE OF PARACETAMOL OR ANTIHISTAMINE
SHOULD THE FIRST AID TEAM FEEL IT IS NECESSARY WITHIN SCHOOL HOURS**

Please tick to give permission

Paracetamol

Antihistamine

IF YOUR SON USES AN INHALER, PLEASE CONFRIM PERMISSION FOR YOUR SON TO USE IT WITHIN SCHOOL.

I give permission **I do not give permission**

EMERGENCY CONSENT

I confirm that I agree to my son receiving emergency medical treatment

I give permission **I do not give permission**

PHOTOGRAPHIC / IMAGE CONSENT

I have read through Privacy Notice available on school`s website and I give consent for my son`s photograph or video image to be used for matters relating to school or the curriculum and on occasions used for purposes of promoting the positive image of the school such as through school displays, the school prospectus, press releases, newsletters, the school website and social media .

I give permission **I do not give permission**

SCHOOL FUNDRAISING

From time to time the school and/or Southborough PTA may wish to contact you to promote fundraising activities. Under GDPR regulations we need your consent to do this so please could you complete the boxes below

I give permission **I do not give permission**

SCHOOL FUND AND GIFT AID

School Development Fund benefits all our students by providing extras which help to make an education at Southborough High School a special experience. The Governors and Headteacher are asking parents & carers if they could make a voluntary contribution of £100.00 per year or £10.00 per month. Please complete, sign and return the School Development Fund – Standing Order Form to the school.

If you pay Income Tax please consider Gift-Aiding your School Development Fund Donation, it costs you no more than your original donation. Please complete, sign and return the School Fund – Gift Aid Declaration to the school.

I CONFIRM THAT ALL DETAILS COMPLETED ABOVE ARE ACCURATE

Data Protection Act 2018: The School is registered under the Data Protection Act for holding personal data. The School has a duty to protect this information and to keep it safe. The School is required to share some of the data with the Local Authority and the DfE.

PARENT/CARER FULL NAME

RELATIONSHIP TO STUDENT.....

PLEASE SIGN BELOW TO CONFIRM THAT ALL THE DETAILS YOU HAVE PROVIDED IN THIS FORM ARE ACCRUATE

.....

DATE.....