

Contact Information: Non-Parental Contact

Title and Surname: _____ Forename: _____
Home Phone: _____ Mobile: _____
Relationship to Pupil: _____

Priority

3

Looked After Child:

Is this child in care now?

Yes / No (delete as applicable)

Has this child been adopted from Care?

Yes / No (delete as applicable)

Ethnicity:

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Chinese
- I do not wish an ethnic background category to be recorded

Black or Black British

- Caribbean
- African
- Any other Black background
- Any other ethnic background

Religion:

- | | | | | | | | |
|-----------|--------------------------|--------|--------------------------|-------------|--------------------------|----------------|--------------------------|
| Buddhist | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Hindu | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | No religion | <input type="checkbox"/> | Other religion | <input type="checkbox"/> |

Any Dietary Requirements?

First Language:

A **First Language** other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community. If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.

First Language: _____ **Other Languages Spoken: (in order of importance):**

1. _____ 2. _____

Country of Birth: _____ **Nationality:** _____

Medical Information:

Does your child have any medical/physical conditions that the school should be aware of? *

Does your child have a disability?

Does your child take regular medication/require any emergency medication? e.g Epipen/ Insulin?

Previous School:

Name _____

County _____

Please read and sign below:

- I give permission for the student to use the campus Cashless Catering System
- I give permission for publication of photographs or images of the student to be taken and appear in Campus publications and/or on the website.
- I give permission for the student to participate in supervised educational visit and off-site activities, including extra-curricular sporting events and fixtures.
- I agree to the Home/Campus Agreement, a partnership between the parent/carer, the student and the school (copy available on the school website and in the student planner)
-

Parent/Carer Name (Please print): _____

Parent/Carer Signature: _____ **Date:** _____

Please return to:

Reception, Brookvale Groby Learning Campus, Ratby Road, Groby, Leicester LE6 0FP