

**ABBEY GRANGE CHURCH of ENGLAND ACADEMY**

**STUDENT DETAILS CHECK SHEET**

Surname: ..... Forename: .....  
Middle name/s: ..... Preferred Forename: .....  
Date of Birth: ..... Gender (F/M): .....  
Address: .....  
Postcode: ..... Home Telephone Number: .....

**MEDICAL INFORMATION**

Name of Doctor: ..... Tel. no. of Doctor/Practice: .....  
Address of Doctor/Practice: .....

Medical conditions or information that you wish the school to record

**PREVIOUS SCHOOLS**

Name of School	Date of Admission	Date of Leaving
.....	.....	.....
.....	.....	.....

**DINNER ARRANGEMENTS** - Please tick appropriate box

School dinner-free     School dinner-paid     Sandwiches

Special Dietary Needs: .....

**MODE OF TRANSPORT** - Please tick appropriate box

<input type="checkbox"/> Car/Van	<input type="checkbox"/> Taxi	<input type="checkbox"/> School Bus    Route _____
<input type="checkbox"/> Car Share	<input type="checkbox"/> Train	<input type="checkbox"/> Public Bus    Route _____
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Walk	<input type="checkbox"/> Other    _____

**Siblings**

If there are older brothers or sisters in the school, please give the name and present year group of the **next oldest child**:

**EMERGENCY CONTACTS**

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. *For those with parental responsibility, please provide an email address for correspondence.* You may use the **Contact priority number** to indicate the preferred order in which contacts should be attempted in an emergency. **Relation** should be shown as Mother, Father etc. It is important that at least one of these boxes is completed but do not feel compelled to use all four.

Surname: ..... Title: .....  
 Forename: .....  
 Contact priority number: .....  
 Home address: .....  
 .....  
 ..... Postcode: .....  
 Email address: .....  
 Home tel no: .....  
 Mobile tel no: .....  
 Work tel no: .....  
 Place of work: .....  
 Relation: .....

Surname: ..... Title: .....  
 Forename: .....  
 Contact priority number: .....  
 Home address: .....  
 .....  
 ..... Postcode: .....  
 Email address: .....  
 Home tel no: .....  
 Mobile tel no: .....  
 Work tel no: .....  
 Place of work: .....  
 Relation: .....

Surname: ..... Title: .....  
 Forename: .....  
 Contact priority number: .....  
 Home address: .....  
 .....  
 ..... Postcode: .....  
 Email address: .....  
 Home tel no: .....  
 Mobile tel no: .....  
 Work tel no: .....  
 Place of work: .....  
 Relation: .....

Surname: ..... Title: .....  
 Forename: .....  
 Contact priority number: .....  
 Home address: .....  
 .....  
 ..... Postcode: .....  
 Email address: .....  
 Home tel no: .....  
 Mobile tel no: .....  
 Work tel no: .....  
 Place of work: .....  
 Relation: .....

**ETHNICITY & CULTURAL INFORMATION** – required for statistical purposes only. **This is optional, you have the right to refuse or retract any personal data. Please contact the main office if you require any further information.**

Home Language

Ethnic Origin

Religion
<i>If Christian, please provide denomination (optional):</i>
<input type="checkbox"/> CofE / Anglican <input type="checkbox"/> Baptist <input type="checkbox"/> Methodist <input type="checkbox"/> Catholic <input type="checkbox"/> Pentecostal <input type="checkbox"/> Other _____

Is English an additional language?:	YES / NO (please delete as appropriate)
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Signature ..... Date: .....  
 (Parent/Carer)