



## Roehampton Church Forest School Pupil Information Sheet from SEPT 2025

All information on this form is held in the **STRICTEST OF CONFIDENCE**

**Must be child's permanent resident (proof of address is required)**

Address.....  
..... Postcode .....

**Child's Name:**

Child's Date of Birth .....  
Male or Female .....

Number of children in family .....  
This child's position in family .....

**Mother's Details (is address as above YES/NO) – supply address if different**

**ADDRESS:**

Name .....  
Date of Birth .....  
(this information may be used to apply for grants & funding)  
NI Number .....  
Home Tel No .....  
Mobile No .....  
Work Tel No .....  
Email: .....

**Father's Details (is address as above YES/NO) – supply address if different**

**ADDRESS:**

Name .....  
Date of Birth .....  
(this information may be used to apply for grants & funding)  
NI Number .....  
Home Tel No .....  
Mobile No .....  
Work Tel No .....  
Email: .....

**Additional Emergency Contact One**

Name .....  
Address .....  
.....  
Telephone No .....  
Relationship to Child .....

**Additional Emergency Contact Two**

Name .....  
Address .....  
.....  
Telephone No .....  
Relationship to Child .....

**Doctor's Details**

Name .....  
Address .....  
..... Tel No .....

**Health Visitor Details**

Name .....  
Address .....  
..... Tel No .....

**Please give details of any Medical Conditions**

.....  
.....

**Does your Child have any Allergies/ Dietary Needs**

.....  
.....

Child's Nationality .....	Child's Country of Birth .....	Child's Arrival in UK .....
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Child's Last School .....

Address .....

Date Started ..... Date Left .....

**RELIGION:**.....

**MAIN HOME**

**LANGUAGES:** Mother's ..... Father's..... Child's.....

**OTHER LANGUAGES**

**SPOKEN BY CHILD:** .....

**ETHNIC GROUP :** Please tick appropriate box

any other Asian Background	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
any other Black Background	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
any other Mixed Background	<input type="checkbox"/>	Refused	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>
Ghanain	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Nigerian	<input type="checkbox"/>	Turkish Cypriot	<input type="checkbox"/>
Somali	<input type="checkbox"/>	White	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White British	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
Latin South/Central America	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Other Black African	<input type="checkbox"/>	White Eastern European	<input type="checkbox"/>
		White Western European	<input type="checkbox"/>

<b>Status</b>	<b>Please specify country you are from:</b>	
	Asylum Seeker	<input type="checkbox"/>
	Refugee	<input type="checkbox"/>

**PARENTAL CONSENT:** Please **tick** to give your permission for each of the following:

1. <input type="checkbox"/>	Internet Access	3. <input type="checkbox"/>	Sex Education (Video/DVD)
2. <input type="checkbox"/>	Photograph Student	4. <input type="checkbox"/>	All School Trips on Foot

**I certify that the information on this sheet is correct**

**Signed** ..... **Date**.....

**OFFICE USE ONLY**

Date started	Date Records Requested	Date Records Received	
Paid Meal	Packed Lunch	Free	Universal Free Meal

**Thank you for completing this form**  
**Please inform the School Office if these details change, particularly home or mobile numbers, your address or any medical or dietary needs**