



Roehampton Church School Pupil Information Sheet from SEPT 2023

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

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

☐

any other Black Background

☐

any other Mixed Background

☐

Bangladeshi

☐

Ghanain

☐

Nigerian

☐

Somali

☐

Black Caribbean

☐

Chinese

☐

Gypsy/Roma

☐

Indian

☐

Latin South/Central America

☐

Other Black African

☐

Other Ethnic Group

☐

Pakistani

☐

Refused

☐

Traveller of Irish Heritage

☐

Turkish

☐

Turkish Cypriot

☐

White

☐

White British

☐

White Irish

☐

White & Asian

☐

White & Black African

☐

White & Black Caribbean

☐

White Eastern European

☐

White Western European

☐

Status

Asylum Seeker

☐

Refugee

☐

**Please
specify
country
you are
from:**

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

1. ☐ Internet Access

3. ☐ Sex Education (Video/DVD)

2. ☐ Photograph
Student

4. ☐ 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**