

Raglan Primary School

Pupil Details Form

Please write as neatly as possible as we use this information to create your child's school record on our database

PUPIL DETAILS		
Child's Name:	Child's Date of Birth:	
Address:	Boy or Girl (please circle)	
Post Code:	Home Authority: (the local authority to which you pay your council tax)	
,	UARDIAN DETAILS	
Please write the details of the prime parent first.		
unless the second parent would also like to be cop	ned into correspondence from the school.	
Full Name:	Relationship to the Child:	
Telephone Number: Home:	Mobile number:	
Address: (if not living with child)		
Parent's email address:		
CECOND A DV D A DENI	T/CHARRIAN RETAILS	
SECONDARY PAREN	T/GUARDIAN DETAILS	
Full Name:	Relationship to the Child:	
Telephone Number: Home:	Mobile number:	
Address: (if not living with child)		
Parent's email address:		
Please tick this box if Secondary parent would like to receive communications from the school, for example the weekly newsletters etc.		



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DAYTIME EMERGENC	Y CONTACT NUMBERS	
• ,	s of at least two people who can be contacted in	
the event that we cannot contact the parents/gu		
1. Name:	2. Name:	
Telephone numbers	Telephone numbers	
Association with the child:	Association with the child:	
3. Name:	4. Name:	
Telephone numbers	Telephone numbers	
Association with the child:	Association with the child:	
RROTHERS/SISTERS ALL	READY AT THIS SCHOOL	
Name:	Date of Birth:	
Name:	Date of Birth:	
DDEVIOUS SCHOOL /A	HIDGERY / DI AVODOLID	
PREVIOUS SCHOOL / NURSERY / PLAYGROUP dame: Address:		
Education Authority:	ion Authority: Attended From:	
Please state your child's first language if it is not English?	Please state where your child was born?	
What (if any) other languages are Spoken / known at home?	Please state your child's nationality?	
YOUD CHII D'C	ETHNIC ORIGIN?	
TOOK CHILD'S	Please tick	

Asian or Asian British — Pakistani Asian or Asian British — Bangladeshi

Please tick

White - British

White - Irish



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White – any other White background	Asian or Asian British — any other Asian
	background
White – Gypsy/Roma	Black or Black British – Caribbean
Mixed – White and Black Caribbean	Black or Black British - African
Mixed – White and Black African	Black or Black British — any other Black
	background
Mixed – White and Asian	Chinese
Mixed – any other mixed background	Any other ethnic group
Asian or Asian British — Indian	Parent/Pupil preferred not to say
	Information not obtained

YOUR CHILD'S RELIGION? Please tick		
Anglican	Muslim	
Baptist	No religion	
Christian	Roman Catholic	
Hindu	Sikh	
Jewish	United Reform Church	
Methodist	Other (please specify)	

Signature	Relationship to the child

The school will use the date which you have provided regarding your child for the administration of his/her education and training and their physical and mental welfare whilst at school. The data will be passed to the Local Education Authority and may also be passed to other schools and training establishments or other agencies for the same purpose. The data may also be disclosed to police and other enforcement agencies for the purpose of the investigation and prevention of any crime and fraud. You have the right to ask for a copy of the information held by us in our records in return for the payment of a small fee. You also have the right to require us to correct any inaccuracies on the information we have on file for you.