Love God. Love your neighbour as yourself:
Be the Good Samaritan. Luke 10. 25-37

Please complete in block capitals:

Entry Profile

Name of person completing the form: _____

Relationship to the child: _____

1.PUPIL DETAILS

Child's first name	**Preferred first name:**	**Child's surname (family name)**
Middle name (s)	**Any former last name**	

Gender:	**Date of birth:**
Child's first language:	**Other languages spoken at home:**

Home address:					
			Post code:		
Home telephone:			**Main mobile number of parent / carers:**		
Is this address permanent or temporary			**Borough of residence:**		
Mode of travel	**walk**	**bus**	**car**	**train**	**other**
Please tick					

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2 PARENT /CARER /FAMILY DETAILS:

CONTACT ONE:		
Title	**First name**	**Surname**
Address		
	Post code	
Home telephone number	**Mobile number**	
Relationship to child (parent/guardian etc)		
Email address	**First language**	
CONTACT TWO:		
Title	**First name**	**Surname**
Address		
	Post code	
Home telephone number	**Mobile number**	
Relationship to child (parent/guardian etc)		
Email address	**First language**	

Who holds parental responsibility for the child?					
Mother		**Father**		**Both**	
Who does the child reside with? **Relationship to child:** **Mother** **Foster mother** **Step mother** **Father** **Foster father** **Step father**					

Carer* **Grandparent** **other family member**

Other- please give details:

***you have a duty of care to inform the local authority if the child is being fostered through a private arrangement with the child's birth family. Private fostering refers to carer's that are NOT step parents/ grandparents / siblings/ aunts/ and uncles and who do NOT hold parental responsibility**

Child's siblings:

Name:	**Date of birth:**
……	--------/--------/------
……	--------/-------/-------
……	-------/-------/--------

Does your child have their own bedroom? **YES / NO**

Does your child / family have a computer at home **YES / NO**

Access to the internet? **YES / NO**

3 EMERGENCY CONTACT/ COLLECT DETAILS

Name:	**Telephone/ mobile number**	**Relationship to child**
	T	
	M	

Name:	**Telephone/ mobile number**	**Relationship to child**
	T	
	M	

Name:	**Telephone/ mobile number**	**Relationship to child**
	T	
	M	

4 MEDICAL INFORMATION

Does your child have any medical conditions that we should be aware of? YES / NO **Please state the condition below:** **Does your child have any Special Educational needs YES / NO** **Please give details:**	
Does your child wear glasses? YES / NO	
Does your child require any medication YES / NO **Please specify:**	
Is your child up to date with their immunisations? YES / NO **Please provide the school with information about your child's immunisation history.**	
Does your child have any allergies? YES / NO **Please give details:** **Does your child have / require an Epipen YES / NO**	
Looked after children: has your child ever been in care? YES/NO	
Does your child go to hospital / clinics / opticians on a regular basis YES / NO **Please give details:**	
Has your child had any major illness or ever had to stay in hospital? YES/NO **Please give details:**	
Name of Doctor:	**Practice:**

Address:	
Postcode:	**Telephone number:**

5 OTHER AGENCIES

Do you have any contact with outside agencies e.g social service / speech therapist / Educational welfare? **Please give details:**

6 ETHNICITY / RELIGION

Child's country of birth:	**Child's nationality**
What country is your child's family from?	**Do you have any family from the attached list?**
What is your child's religion:	

7 PREVIOUS EDUCATION

Name of School/Nursery attended:	
Reason for leaving last school:	
Date of leaving last school:	

8 INTERESTS

Home interests / activities

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Friendships

OFFICE USE ONLY

☐	Records sent for/received	☐	UPN
☐	Birth cert seen/proof of address	☐	On system
☐	Check meal status	☐	File