



<b>Student Name:</b>				<b>Teaching Group:</b>				
<b>Address:</b>								
<b>PARENT/CARER/EMERGENCY CONTACT DETAILS</b>								
<b>CONTACT 1 – PARENT/CARER</b>								
<b>Miss/Mrs/Mr</b>				<b>Work</b>				
<b>Relationship</b>				<b>Home</b>				
<b>Home address if different</b>				<b>Mobile</b>				
				<b>Email</b>				
<b>CONTACT 2 – PARENT/CARER/OTHER</b>								
<b>Miss/Mrs/Mr</b>				<b>Work</b>				
<b>Relationship</b>				<b>Home</b>				
<b>Home address if different</b>				<b>Mobile</b>				
				<b>Email</b>				
<b>CONTACT 3 – ALTERNATIVE EMERGENCY CONTACT (must be over 18 years of age)</b>								
<b>Miss/Mrs/Mr</b>				<b>Work</b>				
<b>Relationship</b>				<b>Home</b>				
<b>Home address if different</b>				<b>Mobile</b>				
				<b>Email</b>				
<b>FIRST LANGUAGE (Please tick one)</b>								
English	<input type="checkbox"/>	Other Than English	<input type="checkbox"/>	English Additional Language	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>HOME LANGUAGE (Please tick one)</b>								
Albanian/Shqip	<input type="checkbox"/>	French	<input type="checkbox"/>	Luganda	<input type="checkbox"/>	Swahili/Kiswahili	<input type="checkbox"/>	
Amharic	<input type="checkbox"/>	Gaelic (Scotland)	<input type="checkbox"/>	Manx Gaelic	<input type="checkbox"/>	Swedish	<input type="checkbox"/>	
Arabic	<input type="checkbox"/>	Gaelic/Irish	<input type="checkbox"/>	Norwegian	<input type="checkbox"/>	Tagalog/Filipino	<input type="checkbox"/>	
Bengali	<input type="checkbox"/>	German	<input type="checkbox"/>	Panjabi	<input type="checkbox"/>	Tamil	<input type="checkbox"/>	
Bengali (Sylheti)	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Pashto/Pakhto	<input type="checkbox"/>	Turkish	<input type="checkbox"/>	
British Sign Language	<input type="checkbox"/>	Gujarati	<input type="checkbox"/>	Persian/Farsi	<input type="checkbox"/>	Urdu	<input type="checkbox"/>	
Caribbean Creole English	<input type="checkbox"/>	Hebrew	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	
Caribbean Creole French	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Welsh/Cymraeg	<input type="checkbox"/>	
Chinese	<input type="checkbox"/>	Igbo	<input type="checkbox"/>	Romany/English Romanes	<input type="checkbox"/>	Yoruba	<input type="checkbox"/>	
Cornish	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Russian	<input type="checkbox"/>		<input type="checkbox"/>	
Danish	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Serbian/Croatian/Bosnian	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Dutch/Flemish	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Sinhala	<input type="checkbox"/>		<input type="checkbox"/>	
English	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>	Somali	<input type="checkbox"/>		<input type="checkbox"/>	
<b>RELIGION (Please tick one)</b>								
Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	
Muslim	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Prefer not to state	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	Please State:						
<b>MEALS (Please tick one)</b>								
Does your child eat at the school canteen?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Does your child receive free school meals?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Does your child have a packed lunch?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
<b>DIETRY</b>								
Artificial Colouring Allergy	<input type="checkbox"/>	Halal	<input type="checkbox"/>	No diary produce	<input type="checkbox"/>	No Pork	<input type="checkbox"/>	
Gluten Free	<input type="checkbox"/>	Kosher foods only	<input type="checkbox"/>	No Nuts	<input type="checkbox"/>	Seafood Allergy	<input type="checkbox"/>	
Vegetarian	<input type="checkbox"/>							
<b>MODES OF TRAVEL</b>								
Bus	<input type="checkbox"/>	Cycle	<input type="checkbox"/>	School Bus	<input type="checkbox"/>	Underground	<input type="checkbox"/>	
Car share	<input type="checkbox"/>	DLR	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Walk	<input type="checkbox"/>	
Car/Van	<input type="checkbox"/>	Public Bus Service	<input type="checkbox"/>	Train	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

ETHNICITY (Please tick one)							
Afghan		Chinese + any other ethnic group		Malaysian Chinese		Turkish Cypriot	
African Asian		Croatian		Mirpuri Pakistan		Vietnamese	
Albanian		Egyptian		Moroccan		White – Cornish	
Arab		Filipino		Nepali		White – English	
Asian and any other ethnic group		Greek		Other Asian		White - Irish	
Asian and Black		Greek Cypriot		Other Black		White Scottish	
Asian and Chinese		Gypsy/Roma		Other Black African		White – Welsh	
Bangladeshi		Hong Kong Chinese		Other Chinese		White + any other ethnic group	
Black - Angolan		Indian		Other ethnic group		White and Black African	
Black - Congolese		Iranian		Other mixed background		White and Black Caribbean	
Black - Ghanaian		Iraqi		Other Pakistani		White and Chinese	
Black - Nigerian		Italian		Other White British		White and Indian	
Black - Sierra Leonian		Japanese		Polynesian		White and Pakistani	
Black - Somali		Kashmiri other		Portuguese		White Eastern Europe	
Black - Sudanese		Kashmiri Pakistan		Serbian		White European	
Black and other ethnic group		Korean		Singaporean Chinese		White Other	
Black and Chinese		Kosovan		Sri Lankan Sinhalese		White Western European	
Black Caribbean		Kurdish		Sri Lankan Tamil		Yamani	
Black European		Latin/South/Central American		Taiwanese			
Black North American		Lebanese		Thai		Prefer not to state	
Bosnian-Herzegovinian		Libyan		Traveller of Irish Heritage			
Chinese		Malay		Turkish			

<b>Print Name</b>		<b>Date</b>	
<b>Signed Parent/Carer</b>			
<i>Parent/Carer (please delete as appropriate)</i>			