an success	DIOCESE OF LINCOLN C HE CHURCH	•	No: Class:	House:	: ls sent for:
Pupil Det	ails:		England/Methodist Preferred S		hinfleet
First Name	:		Known Na	.me:	
Middle Na	mes:		Date of birt	th:	Male/Female
Address:					
				Post code	

Last School Attended (with dates)

Please provide the names of any siblings who attend this school_____

Title_____First Name______Surname_____

Relationship to child _____ Date of birth _____ NI Number_____

Contact Numbers: Home_____Mobile_____

Address if different from above_____

Work_____Email_____

Method of transport to school

Parent 1

Parent 2			
TitleFirs	st Name		Surname
Relationship to child		Date of birth	NI Number

 Relationship to child ______ Date of birth ______ NI Number ______

 Telephone _______

 Home _______ Mobile _______

 Work _______ Email ______

 Address if different from above _______

 Other Phone Contacts in case of Illness/Accident (Please state relationship to child. E.G. Grand parent/Aunt/Brother/Neighbour/Friend)

 Name

Name	Relation	_Number
Name	Relation	Number

The Department of Education requires Local Education Authorities to collect statistical data about pupils in its schools. It would be helpful, therefore, if you could complete the following. It should be remembered that parents are not obliged to give this information.

	•	• 4	
Ethn	11	זוי	v

Any	other		group	
				(Please specify)
Home Language First language:		Language spo	ken at home:	
Religion:		(e.g. Christian, Jev	wish, Muslim, Sikh,	, No Religion etc.)
Is either parent c	currently serving in	the UK military?		YES/NO
•		lying to the child (0	rt, Legal rights of
Medical Informa	tion			
		er		
Do you give perm	ission for the school	to call the doctor in	an emergency?	YES/NO

Do you give permission for the school to administer first aid in an emergency? YES/NO

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken. (e.g. Asthma, Epilepsy, Allergies etc.)

To help us make your child comfortable and secure at school and get the maximum enjoyment from his or her learning, there are one or two points we should like you to consider. If you are happy with all of the activities mentioned, please sign below.

Internet use

The school has a secure Internet access network. I am happy for my child to use this facility, provided they are well supervised.

Walks and activities beyond the school grounds

I am happy for my child to participate in walks and activities which involve leaving the school environment to make observations and environmental studies. I understand that I will be informed if this involves any transportation.

Cooking and tasting activities

I am happy that my child is able to participate in these activities. I have noted, overleaf, any special medical conditions which are likely to affect my child's health.

I am happy for my child to participate in all of the activities mentioned above.

Signed_____ Date____

Please note any special circumstances which may affect your child in any of the above mentioned activities.

Photographs

I give permission for my child to be photographed whilst taking part in school activities. YES/NO

I give permission for my child to be photographed for publication in newspapers and school website. I understand that their name will not be included. YES/NO

I would like Mr. Smith to contact me to discuss this issue further.

YES/NO

Signed Date	
-------------	--

