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St John Fisher
Catholic High School

Enrolment Form

About the child

STRICTLY CONFIDENTIAL

Family Name_____ First name_____

Middle Name _____ Date of Birth_____

Address _____

Postcode _____ Gender: Male/Female

Contacts

Priority 1. This should be the parent/family member the child is living with

Family Name_____ First name_____

Relationship to child _____ Mr/Mrs/Miss/Ms

Address _____

Postcode _____ Home Tel. N° _____

Mobile Tel. N° _____ Work Tel. N° _____

Email: _____ Parental responsibility Yes/No

Priority 2.

Family Name_____ First name_____

Relationship to child _____ Mr/Mrs/Miss/Ms

Address _____

Postcode _____ Home Tel. N° _____

Mobile Tel. N° _____ Work Tel. N° _____

Email: _____ Parental responsibility Yes/No

Priority 3.

Family Name_____ First name_____

Relationship to child _____ Mr/Mrs/Miss/Ms

Address _____

Postcode _____ Home Tel. N° _____

Mobile Tel. N° _____ Work Tel. N° _____

Email: _____ Parental responsibility Yes/No

Medical Information

Surgery/Medical Centre: _____

Telephone No: _____

Please indicate if the student suffers from any of the following conditions, and what, if any medication is prescribed:

	Medication (if any)
Asthma or Bronchitis	yes/no _____
Heart Condition	yes/no _____
Fits, fainting or blackouts	yes/no _____
Severe headaches/migraines	yes/no _____
Diabetes	yes/no _____
Allergies to any drugs or medication	yes/no _____
Any other allergies	yes/no _____
Other illness or disability	Please use the back of this form to inform the school of any other illness or disability you think the school should be aware of.

Please indicate if the student has any other specific difficulties:

Hearing: yes/no Speech yes/no Sight yes/no

Other yes/no (specify) _____

Does he/she need to wear spectacles for reading and writing yes/no

I understand that it is my responsibility to inform the school of any medical conditions which my child has or develops. ☐ Please tick

Ethnic/Cultural Background

Country of Birth _____ Nationality _____

Date of Entry to UK (if applicable):_____ Ethnic Origin: _____

First Language_____ Home Language: _____

Religion:

Catholic ☐ Other Religion ☐ Please specify: _____

Date and place of Baptism:_____

Current Parish _____

Transport: (Please tick **one** box)

Walk	☐	Cycle	☐	School Bus	☐
Car	☐	Taxi	☐	Public Transport	☐

Meals: (Please tick **one** box)

Packed Lunch	☐	Purchase School Meal	☐	Free School Meal Please complete separate application	☐
Vegetarian	☐	Other dietary restriction _____			

Previous school attended by the student with dates

School From To

_____

_____

Members of the immediate family who attend/have attended St. John Fisher (please state relationship)

Name Relationship Dates

_____

_____

_____

Parental Consent

Photography

The school uses and stores photographic images of members of the community. This includes all conventional photographs, all forms of digital photography, still and moving images.

1. Photography for the purposes of school identification and security
2. Photography for educational purpose
3. Photography for school communication
4. Portrait photography

All photographs taken for the purposes outlined above will be taken by a designated member of the school or employee/contractor as approved by the Headteacher.

Any parent not wishing their child to be included in this should make this known to the school in writing.

I agree to my child to be photographed for the purpose outlined in categories 2, 3 and 4.

Yes ☐ No ☐

Physical Education Activities

I agree to my child going on Physical Education Activities during and after school hours and to the persons in charge of the group acting in loco parentis. I agree to my child receiving any medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Yes ☐ No ☐

External Agencies

I agree to my child being referred to external agencies (for example the School Doctor, Educational Psychologist) as appropriate and understand that I will be informed of such a referral.

Yes ☐ No ☐

Privacy Notice

I confirm that I have read the Privacy Notice supplied by the school and agree that information can be shared with Youth Support Services.

Yes ☐ No ☐

I certify that the information in this document is correct and I will notify the school immediately of any changes.

Signed: _____ Relationship to child _____

Name: (please print) _____ Date: _____

Additional Information

Office Use Only

UPN Number: _____

Enrolment Number _____

English as another Language: YES/NO

Student's Date of Admission _____

Year Group _____

Tutor Group _____

Signature _____ Date: _____

	The personal information that you provide will be handled by St John Fisher Catholic High School in accordance with the General Data Protection Regulations 2018. We do not pass on your details to any third party without your knowledge unless the school is legally obliged to do so.