

Helena Romanes School and Sixth Form Centre
Emergency and Home Information Form
CONFIDENTIAL

To all Parents/Carers

Please complete and return to the school as quickly as possible so that school records, particularly emergency/ medical records are as accurate as possible. If any circumstances are expected to change i.e. moving house, please indicate. Equally, should your circumstances change at a later date please inform your child's Director of Learning by letter. Appropriate information contained on this form will be held on computer files and may be shared with other relevant educational establishments and agencies for the purpose of providing the appropriate service or meeting legislative requirements.

Personal Details of Student (PLEASE COMPLETE THE FORM IN BLOCK LETTERS)

Surname.....Forename(s)..... Male/Female
Address.....
.....
Post Code.....Home Telephone Number.....
Date of Birth.....Helena Romanes School Tutor Group.....
Previous School.....
Names of Siblings at Helena Romanes School
Name.....Tutor Group.....
Name.....Tutor Group.....

Medical Information

Name of Doctor.....Practice.....
Surgery Address.....
Telephone No.....

Please note any particular problems you would like to bring to our attention e.g. allergies, epilepsy, diabetes, colour blindness etc. If you need more space please write a separate letter and attach to this form.

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Type of Meal (please tick where applicable)

School Meal Sandwiches Home
Eligible for Free School Meal Claimed
Eligible for Free School Meals–Not claimed If you receive job seekers allowance or income support etc.

Travel (please tick where applicable)

School Bus Public Transport Taxi Car Walks Bicycle

Traveller Section:

The School values the diversity of other cultures. Please give as much detail as possible. This enables the student to be supported in the best possible way.

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Please give details of **ALL** people who have any legal responsibility for this child and anyone else who could be contacted should an emergency arise when you are unavailable. Please complete boxes in order of priority for contact. If there are any complicated circumstances, particularly if those with parental responsibility live away from the child's usual address, please ensure we are aware of those entitled or who wish to receive copies of correspondence, reports etc, by writing a separate letter attached to this form addressed to the Director of Learning.

<u>Contact 1/Parent</u>	<u>Contact 2/Parent</u>
Name.....	Name.....
Home Address.....	Home Address.....
.....Post Code.....Post Code.....
Telephone Number.....	Telephone Number.....
Work Telephone Number.....	Work Telephone Number.....
Work Place.....	Work Place.....
Mobile Phone Number.....	Mobile Phone Number.....
Parental Responsibility: Yes / No	Parental Responsibility: Yes / No
Relationship to Child.....	Relationship to Child.....

<u>Contact 3</u>	<u>Contact 4</u>
Name.....	Name.....
Home Address.....	Home Address.....
.....Post Code.....Post Code.....
Telephone Number.....	Telephone Number.....
Work Telephone Number.....	Work Telephone Number.....
Work Place.....	Work Place.....
Mobile Phone Number.....	Mobile Phone Number.....
Parental Responsibility: Yes / No	Parental Responsibility: Yes / No
Relationship to Child.....	Relationship to Child.....

Is the student the subject of any Custody Court order or similar: Yes* / No

*If Yes please give details, by attaching a letter to the Director of Learning, if you prefer you can send a sealed letter.

NB The Children's Act 1989: requires the school to seek information with regard to the persons holding 'Parental Responsibility' for the above named child. If there is any other information in this respect that we should be aware of please use the spaces provided below. All information will be treated in confidence.

Signature of Parent(s)/Carer(s).....Date.....

Signature of Parent(s)/Carer(s).....Date.....

Ethnic/Cultural (please tick where applicable)

Home Language.....

- | | | | |
|------------------------------|--------------------------|----------------------------------|--------------------------|
| Afghan | <input type="checkbox"/> | Other ethnic Group | <input type="checkbox"/> |
| African Asian | <input type="checkbox"/> | Other Mixed Background | <input type="checkbox"/> |
| Albanian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Any other Black Background | <input type="checkbox"/> | Refused | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Thai | <input type="checkbox"/> |
| Black – Nigerian | <input type="checkbox"/> | Traveller of Irish Heritage | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Turkish/Turkish Cypriot | <input type="checkbox"/> |
| Filipino | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> |
| Greek/Greek Cypriot | <input type="checkbox"/> | White | <input type="checkbox"/> |
| Gypsy/Roma | <input type="checkbox"/> | White – British | <input type="checkbox"/> |
| Hong Kong Chinese | <input type="checkbox"/> | White – Irish | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | White and any other Ethnic Group | <input type="checkbox"/> |
| Information not yet received | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> |
| Italian | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> |
| Kosovan | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> |
| Nepali | <input type="checkbox"/> | White Eastern Europe | <input type="checkbox"/> |
| Other Asian | <input type="checkbox"/> | White Western Europe | <input type="checkbox"/> |
| Other Black African | <input type="checkbox"/> | | |
| Other Chinese | <input type="checkbox"/> | | |