

# Your child will not be able to start at the school without this form being completed and returned.

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

To all Parents/Carers,

The Children's Act 1989 requires the school to seek information with regard to the persons holding Legal 'Parental Responsibility' for the child named below. Please complete and return the enclosed Emergency and Home Information Form. All information will be treated in confidence.

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.....First name .....Middle Name .....

Address.....

Post Code..... Home Telephone Number.....

Date of Birth..... Male/Female (please delete as applicable)

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.

### Video/Photography Permission (please tick where applicable)

Videos/Photographs may be used within the school or shared with outside agencies, for example in press reports and publicity material

I DO give my consent

I DO NOT give my consent

### Type of Meal (please tick where applicable)

School Meal

Packed Lunch

Eligible for Free School Meal

Claimed ?  Yes

No

### Travel (please tick where applicable)

School Bus

Public Transport

Taxi

Car

Walks

Bicycle

P.T.O

To assist with the settling in of your child and their new timetable please detail the following if appropriate.

**Please give details of any of the following relating to your child:  
School Action Plans, Statements, dietary needs or other special educational/medical needs etc.**

**Please give details of any involvement your child has had with outside agencies e.g Social Services, CAMHS etc.**

**Traveller Section:**

The school values the diversity of other cultures. If you are a traveller, please indicate your status:

Traveller – Housed

Traveller - Travelling

**\*IMPORTANT GUIDELINES – PLEASE READ BEFORE COMPLETING THIS FORM**

The Children’s Act 1989 requires the school to seek information with regards to persons holding **Legal Parental Responsibility** for the named child.

Please give details of any persons who have Legal Parental Responsibility (a parent living with a child or a parent divorced/separated and living at another address) and any other person who should be contacted should an emergency arise when you are unavailable. Please complete boxes in order of priority of who should be contacted. Those persons shown as having Legal Parental Responsibility are legally entitled to receive copies of correspondence, progress reports etc unless there is a Court Order to the contrary.

**Is the student the subject of any Custody Court Order or similar? Yes/No**

**If “Yes” please enclose a copy of the Court Order or any other relevant information in a sealed envelope addressed to your child’s Director of Learning.**

<p><b><u>Contact 1</u></b></p> <p>Name.....</p> <p>Home Address.....</p> <p>.....</p> <p>.....Post Code.....</p> <p>Telephone Number.....</p> <p>Work Telephone Number.....</p> <p>Work Place.....</p> <p>Mobile Phone Number.....</p> <p>Email.....</p> <p>Legal Parental Responsibility: Yes / No <b>*(see note above)</b></p> <p>Relationship to Child.....</p>	<p><b><u>Contact 2</u></b></p> <p>Name.....</p> <p>Home Address.....</p> <p>.....</p> <p>.....Post Code.....</p> <p>Telephone Number.....</p> <p>Work Telephone Number.....</p> <p>Work Place.....</p> <p>Mobile Phone Number.....</p> <p>Email.....</p> <p>Legal Parental Responsibility: Yes / No <b>*(see note above)</b></p> <p>Relationship to Child.....</p>
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<p><b><u>Contact 3</u></b></p> <p>Name.....</p> <p>Home Address.....</p> <p>.....</p> <p>.....Post Code.....</p> <p>Telephone Number.....</p> <p>Work Telephone Number.....</p> <p>Work Place.....</p> <p>Mobile Phone Number.....</p> <p>Legal Parental Responsibility: Yes / No <b>*(see note above)</b></p> <p>Relationship to Child.....</p>	<p><b><u>Contact 4</u></b></p> <p>Name.....</p> <p>Home Address.....</p> <p>.....</p> <p>.....Post Code.....</p> <p>Telephone Number.....</p> <p>Work Telephone Number.....</p> <p>Work Place.....</p> <p>Mobile Phone Number.....</p> <p>Legal Parental Responsibility: Yes / No <b>*(see note above)</b></p> <p>Relationship to Child.....</p>
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Signature of Parent(s)/Carer(s).....Date.....

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

**Ethnic/Cultural**

First Language.....

**Ethnic Group (please tick where applicable)**

- |                              |                          |                                  |                          |
|------------------------------|--------------------------|----------------------------------|--------------------------|
| 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 – British                  | <input type="checkbox"/> |
| Gypsy/Roma                   | <input type="checkbox"/> | White – Irish                    | <input type="checkbox"/> |
| Hong Kong Chinese            | <input type="checkbox"/> | White and any other Ethnic Group | <input type="checkbox"/> |
| Indian                       | <input type="checkbox"/> | White and Asian                  | <input type="checkbox"/> |
| Information not yet received | <input type="checkbox"/> | White and Black African          | <input type="checkbox"/> |
| Italian                      | <input type="checkbox"/> | White and Black Caribbean        | <input type="checkbox"/> |
| Kosovan                      | <input type="checkbox"/> | White Eastern Europe             | <input type="checkbox"/> |
| Nepali                       | <input type="checkbox"/> | White Western Europe             | <input type="checkbox"/> |
| Other Asian                  | <input type="checkbox"/> |                                  |                          |
| Other Black African          | <input type="checkbox"/> |                                  |                          |
| Other Chinese                | <input type="checkbox"/> |                                  |                          |