**St Gregory’s Catholic High School**

**Schools Information Management System**

**Entry Form**

**Please fill in block capitals**

|  |  |
| --- | --- |
| Primary School attended: |  |
| Pupil’s Surname: |  |
| Forename: |  | Other name(s): |
| Date of birth: |  | Male/Female (Please circle) |
| Address: |  |
|  |  |
| Postcode: | It is **imperative** you insert the **correct** postcode |
| Daytime Telephone No: |  |
| \*Mobile Telephone No: |  |
| \*e-mail: |  |
| Religion: |  | Ethnicity: |
| Country of Birth: |  | Pupil Nationality: |
| Please give Christian names of parents living at the above address |
|  |
| **\*Essential. Text/e-mail will be the school’s main form of communication** |
|  |  |
| Doctor: |  |
| Address: |  |
| Telephone Number: |  |
| Medical Information: |  |
| Exam Concessions: |  |
| Additional Provision/Funding e.g. EHCP/High Needs Fund: |  |
|  |
| Court Order relating to your child ( If Yes, please attach details relevant to school) | Yes/No |
| Please tick box if duplicate information is required for parent living at separate address. (Fill in details in box overleaf) |  |
|  |  |
| Does your child have a brother of sister attending St Gregory’s | Yes/No |
| Names(s) | Year Group(s) |
|  |  |
| **Parent(s) Signature** | **1** |
|  | **2** |

|  |
| --- |
| **Emergency Contact in Priority Order** |
| Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency and place them in the order you wish them to be contacted. |
| **First** | Name: |  |
|  | Status:  | Mr/Mrs/Ms/Miss  | Please delete as appropriate |
|  | Home Address: |  |
|  | Home Telephone No: |  |
|  | Daytime Address: |  |
|  | Daytime Telephone No: |  |
|  | e-mail: |  |
|  | Relation: |  | Parental Responsibility | Yes/No |
|  |  |  |
| **Second** | Name: |  |
|  | Status:  | Mr/Mrs/Ms/Miss  | Please delete as appropriate |
|  | Home Address: |  |
|  | Home Telephone No: |  |
|  | Daytime Address: |  |
|  | Daytime Telephone No: |  |
|  | e-mail: |  |
|  | Relation: |  | Parental Responsibility | Yes/No |
|  |  |  |
| **Third** | Name: |  |
|  | Status:  | Mr/Mrs/Ms/Miss  | Please delete as appropriate |
|  | Home Address: |  |
|  | Home Telephone No: |  |
|  | Daytime Address: |  |
|  | Daytime Telephone No: |  |
|  | e-mail: |  |
|  | Relation: |  | Parental Responsibility  | Yes/No |
|  |
| **Please complete details below for parent living at separate address who requires information i.e. reports, etc.** |
|  | Name: |  |
|  | Status:  | Mr/Mrs/Ms/Miss | Please delete as appropriate |
|  | Home Address: |  |
|  | Home Telephone No:  |  |
|  | Daytime Address: |  |
|  | Daytime Telephone No:  |  |
|  | e-mail: |  |
|  | Relation: |  | Parental Responsibility  | Yes/No |