

**NEW ENTRANTS TO SCHOOL**

Surname .....

Forename(s) .....

Date of Birth: .....

Address .....

.....

.....

Postcode .....

Sex: .....

Ethnic Origin .....

General Practitioner: .....

Name and address of Mother:

Name and address of Father:

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.....

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Telephone No: .....

Telephone No: .....

**Daytime Contacts**

Name .....

Name .....

.....

.....

Telephone No: .....

Telephone No: .....

**Previous School**

Name and address of last school attended .....

.....

Date of attendance at last school From ..... To .....

Date of starting at Sutton-on-Derwent School: .....

Religion: .....

Names and dates of birth of other children in family:

.....

.....

**Information on Health:**

(e.g. , hearing, sight, physical disability, asthma, epliepsy, speech)

**Does your child have any allergies Yes/No (if yes please give details)**

**Any other relevant information:**

**Data Protection**

**In order to comply with the 1998 Data Protection legislation, you are informed that the data supplied by you, or your child, in relation to your involvement with the school, both now and in the future, will be processed in confidence. The information you provide will be used for the purposes of maintaining accurate records with regard to registration and contact details. Also statistical information required by other education bodies such as a new school, LEA, OFSTED, and the DfES.**

In order to provide effective educational services and to ensure the accuracy of the information supplied we may share this information with other bodies, in particular, the Local Education Authority, The Health Authority and DfES/

If you have any queries about the processing of your data or would like to know what iinformation we hold about you, then please contact The Headteacher.

**I give permission for my child's photograph to be used appropriately by the school: Y/N**

**Signature:** .....

**Date:** .....

Please fill out this from and return it to the school as soon as possible.