



# CONFIDENTIAL

Year \_\_\_\_\_

Form \_\_\_\_\_

ACCESS TO THIS FORM IS RESTRICTED - THEREFORE FEEL FREE TO ADD ANY RELEVANT DETAILS

## The Archbishop Lanfranc Academy STUDENT'S PERSONAL INFORMATION FORM

Legal Surname		DOB	
Preferred Surname		Gender	
Legal Forename		Religion	
Preferred Forename		Ethnicity	
Nationality		Home Language	
Country of Birth		First Language	

Asylum Seeker	Yes / No	Looked After Child	Yes / No
Refugee	Yes / No	Caring Authority	
Arrival Date in UK		Social Worker	

Name of Parent(s)/Carer(s) with custody of child: (other please state relationship to child)

	Mother			Father
Title	Miss	Ms	Mrs	
First Name				
Surname				
Address				
Postcode				
Home Tel No.				
Mobile No.				
Work No.				
Email.				

Alternative person who is able take charge of your child in case of emergency:  
(i.e Neighbour, Grandparents etc.)

Name		Relationship	
Address		Mobile Tel	
Home Tel		Work Tel	

Name of previous school	
Name of Brothers/Sisters at The Archbishop Lanfranc Academy	

Name of child's doctor/surgery	
Address	
Tel No.	

Does your child have any medical problems that we ought to know about? i.e. allergies, diabetes, epilepsy? (covering note please if possible)	Yes / No

Did your child have free school meals at their previous school? If you wish your child to go home to lunch we require a letter, otherwise all pupils must remain on site.	Yes / No
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Do you give consent to receiving text, emails, letters and other general notifications? (Relating to your child's education)	Yes / No
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Do you give permission for your child to be transported by school minibus or staff cars? (Staff are insured for this purpose)	Yes / No
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IF YOU ARE AWARE OF ANY PERSON(S) WHO WOULD CLAIM TO BE A PARENT OF THIS CHILD PLEASE COMPLETE SECTION BELOW	
Name	Mr /Mrs /Miss /Ms
Relationship to child	
Address	
Phone No.	
Court Order	Yes / No
Comment:	

<b>ANY OTHER INFORMATION YOU WISH TO GIVE</b>

We collect and use pupil information under Article 6.1e) of GDPR 2018, and Article 9.2b) in the instance of special categories of information.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_