



# Walton Hall Academy



## PERSONAL DETAILS

CHILDS NAME: SURNAME: \_\_\_\_\_

FORENAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_

FATHERS NAME \_\_\_\_\_  
(& address if different from above)

\_\_\_\_\_ POST CODE \_\_\_\_\_

FATHERS HOME TELEPHONE \_\_\_\_\_ WORK \_\_\_\_\_

FATHERS MOBILE \_\_\_\_\_ EMAIL \_\_\_\_\_

MOTHERS NAME \_\_\_\_\_  
(& address if different from above)

\_\_\_\_\_

MOTHERS HOME TELEPHONE \_\_\_\_\_ WORK \_\_\_\_\_

MOTHERS MOBILE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADULTS WITH 'PARENTAL RESPONSIBILITY' BUT DO NOT LIVE WITH CHILD \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT IN ABSENCE OF PARENTS: NAME: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SECOND EMERGENCY CONTACT NAME & NUMBER \_\_\_\_\_

\_\_\_\_\_

CHILD LEGAL 'ORDERS' \_\_\_\_\_

SOCIAL WORKER \_\_\_\_\_ TEL \_\_\_\_\_

EDUCATION WELFARE OFFICER \_\_\_\_\_ TEL \_\_\_\_\_

EDUCATIONAL PSYCHOLOGIST \_\_\_\_\_ TEL \_\_\_\_\_

CAMHS INVOLVEMENT (ALLOCATED WORKER) \_\_\_\_\_

NSPCC INVOLVEMENT (ALLOCATED WORKER) \_\_\_\_\_

POSITION OF CHILD IN FAMILY:

PLEASE RING POSITION OF CHILD AND ENTER BELOW B (BOY) OR G (GIRL) FOR EACH CHILD

1 <sup>st</sup> (eldest)	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>

RELIGION \_\_\_\_\_

DOCTOR: (NAME AND ADDRESS) \_\_\_\_\_

SCHOOL MEALS/SANDWICHES

SPECIAL DIET REQUIREMENTS (Please specify) \_\_\_\_\_

This information will be transferred into the academy's computer system under the Data Protection Act 1984, anyone named above has the right to know that information about them has been collected and given an opportunity to check its accuracy.

This form should be signed by someone with parental responsibility.

Please return it to the academy as soon as possible.

Signed \_\_\_\_\_

Relationship to child \_\_\_\_\_