TELFORD JUNIOR SCHOOL

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1. DETAILS OF PUPIL					
Legal Surname	Legal Forename				
Chosen Surname	Chosen Forename				
Date of Birth//	Middle Name				
Male 🔲 Female 🔲					
I UNDERSTAND THIS INFORMATION WILL BE STORED ON COMPUTER AND THAT PARENTS/CARERS ARE RESPONSIBLE FOR ADVISING THE SCHOOL OF ANY CHANGES					
SIGNED: Pa	Parent/Carer/Guardian				
Names of siblings in Telford Infant School from Sep 2025					
3. PARENTAL RESPONSIBILITY Adult/s with parental responsibility (these may be different to the contacts listed below): Name Relationship to child Name Relationship to child Name Relationship to child Name Relationship to child					
4. CONTACT DETAILS					
Our Child Protection and Safeguarding Policy requires that we have more than one emergency contact. We will use Groupcall to email you messages and letters (and to occasionally send texts). The mobile number and email address of Contact Number 1 will be used for this purpose. We will use the contact numbers 1, 2, 3 in order of priority for telephoning in the event of an emergency. Please ALWAYS keep contact details up to date.					
Contact No. 1 Required - Details of Parent/Carer/Guardian/Other Contact					
Surname	Forename				
Mr/Mrs/Miss/Ms/Other (please state)	Male or Female				
Home Address Street	Home Phone				
Does the pupil live at this address? Yes					
Relationship to pupil (Parent/Carer/Guardian/Other Contact (please specify)					
Contact No. 2 Required - Details of Parent/Carer/Guardian/Other Contact					
Surname	Forename				
Mr/Mrs/Miss/Ms/Other (please state)	Male or Female				
Home Address Street	Home Phone				
Does the pupil live at this address? Yes 🔲 No					
Relationship to pupil (Parent/Carer/Guardian/Other Contact (please specify)					
PLEASE COMPLETE DETAILS OVERLEAF					

Summe	Contact No. 3 Optional - Details of Parent/Carer/Guardian/Other Contact						
Home Address Street District County Decomp Work Phone Work Phone Work Phone Work Phone Decomp Pathene Street	Surname Forename						
Streat District Town District Town District Town Post Code Best the pupil live at this address? Yes No Relationship to pupil (Parent/Carer/Guardian/Other Contact (please specify) S. MEAL Free School Meal Padd School Meal Padd School Meal Padded Lunch Home Any dietary needs: Surgery Name Surgery Name Surgery Address Dease see our Medical continue on a separate sheet of paper if necessary) Please see our Medical continues (e.g. asthma/allergies): Please see our Medical continues (e.g. asthma/allergies): Please see our Medical continues in School Policy on our website for medical forms to be completed if prescribed medicines in School Policy on our website for medical forms to be completed if prescribed medicines in school Policy on our website for medical forms to be completed if prescribed medicines in school Policy our our website for medical forms to be completed if prescribed medicines in school Policy our our website for medical forms to be completed if prescribed medicines in School Policy our our website of medical continues to be exposed to inving arry development and continues to be exposed to in the home/community – regardless of their proficion in English): Is the inductional Language (Language the pupil was first exposed to during early development and continues to be exposed to in the home/community – regardless of their proficion in English): Is the induction to free School M	Mr/Mrs/Miss/Ms/Other (please state) Male or Female						
	Street						
Free School Meal Paid School Meal Packed Lunch Home Any dietary needs: 6. MEDICAL DETAILS (Please continue on a separate sheet of paper if necessary) Surgery Name Tel No. Surgery Address Tel No. Surgery Address Tel No. Details of medical conditions (e.g. asthma/allergies): Tel No. Please see our Medicines In School Policy on our website for medical forms to be completed if prescribed medicines are needed on site (https://www.tellordjunior.co.uk/attachments/download.asp?file=288kype=pdf) 7. ETHNICITY/LANGUAGE Please complete all details Ethnicity. Please note, this is not nationality. Please select only one ethnicity from the attached sheet and please use the description supplied Home/First Language (Language the pupil was first exposed to during early development and continues to be exposed to in the home/community - regardless of their proficiency in English): Is English an Additional Language ? Yes No 8. TRAVEL DETAILS (Please select #WE box only) Walk _ Car Car Share Cycle Public bus service Taxi Cother _ 9. PUPIL PREMIUM (please complete all details) The school receives additional funding (Pupil Premium) for children registered as receiving free school meals, children adopted from care and children whose parents/carers are in the Armed Forces (or have been in the previous 4 years). Is your child eligible for free school Meals for your child sets who heads and public bus first school wheels explored meals application. For Chool Meal Is your child eligible for free school meals ? Yes No No It you child set provide thesi information Heade contained the group leading in a packed lunch, we out the group contage school direct you need to apply.	Relationship to pupil (Parent/Carer/Guardian/Other Contact (please specify)						
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Surgery Name Tel No. Surgery Address							
Surgery Address	6. MEDICAL DETAILS (Please continue on a separate sheet of paper if necessary)						
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	Armed Forces						
	Yes No I do not wish to provide this information						

Ethnic Background Information Sheet

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history.

Ethnic background is not the same as nationality or country of birth.

Please see the list below for information and indicate on the Admission Form the ethnic background of your child. Please select only ONE of the descriptions below:

- Any other Asian background
- Any other Black background
- Any other Ethnic group
- Any other Mixed background
- Any other White background
- Arab
- Asian British
- Asian Welsh
- Bangladeshi
- Black African
- Black British
- Black Caribbean
- Black Welsh
- Chinese
- Gypsy
- Gypsy/Roma
- Indian
- Other Gypsy/Roma
- Pakistani
- Roma
- Traveller of Irish Heritage
- White British
- White Irish
- White and Asian
- White and Black African
- White and Black Caribbean
- I do not wish my child's ethnic background to be recorded

This information will be passed on to the Department for Education to contribute to national statistics. The information will also be passed on to future schools.