



STUDENT INFORMATION FORM

Please complete and return to Main Reception. Thank you.

Personal Details

Legal Surname	Legal Forename
Preferred Name	Middle Name
Year	Mentor Group
Date of Birth	Gender
Ethnicity	First Language
Nationality	Country of Birth
Details of Siblings in The Garibaldi School	

Home Information

Home Address	
Postcode	Home Telephone

Medical Information

Doctor Name	Telephone
Address	
Medical Notes Please note any serious illness, operation, medical condition, allergy, regular treatment or medication of which the school should be aware.	

Permissions Valid for the duration of the child's education at The Garibaldi School

The Garibaldi School may use images of your child in its publicity, including photographs or video footage for use on the school website, Twitter or in the local press.	
If you DO NOT wish your child's photograph to be used please tick the following box	<input type="checkbox"/>
Please tick the following box to grant consent for your child to participate in local one day trips within the normal college day, local off site activities and extra curricular activities at the end of the school day.	<input type="checkbox"/>
Please tick the following box to grant consent for your child to inform staff of how they are getting home after a school visit/sporting fixture outside of the normal day. If your child notifies the visit leader that they are being collected a member of staff will wait at the school.	<input type="checkbox"/>
<i>Please turn over to complete Page 2.</i>	

Contact Information Please list, in priority order, all contacts who can be contacted in an emergency. These should be people who have agreed to take responsibility for your child in cases of illness or emergency.

Priority 1	Relationship to Student
Surname (Mr/Mrs/Ms/Miss)	Forename
Address	
Home Telephone	Work Telephone
Mobile Telephone	Parental Responsibility Yes / No
Priority 2	Relationship to Student
Surname (Mr/Mrs/Ms/Miss)	Forename
Address	
Home Telephone	Work Telephone
Mobile Telephone	Parental Responsibility Yes / No
Priority 3	Relationship to Student
Surname (Mr/Mrs/Ms/Miss)	Forename
Address	
Home Telephone	Work Telephone
Mobile Telephone	Parental Responsibility Yes / No
Priority 3	Relationship to Student
Surname (Mr/Mrs/Ms/Miss)	Forename
Address	
Home Telephone	Work Telephone
Mobile Telephone	Parental Responsibility Yes / No
Please indicate if the student has a parent/carer in the Armed Forces Yes / No	

School-Parent Communications

Parents are able to access the The Garibaldi School Parent Portal for information about their child's progress. Please list the names of the contacts you wish to have access to the Parent Portal:

Contact Name(s):

The Garibaldi School uses SMS text messaging to provide parents with up-to-date information regarding their child's attendance. Please indicate the contact you prefer to receive these alerts:

Contact Name: **Mobile Number:**

The Garibaldi School sends regular email communications to parents to keep them informed of events within the school. If you wish to receive these emails, please provide us with ONE email address which is checked regularly:

Email Address:

If you prefer to receive communications by post, please tick here

Please sign below to confirm that all information on this data collection sheet is up-to-date. Please inform the school as soon as possible of any change in the information provided.

Signature(Parent/Carer) **Date**