



**STUDENT DETAILS UPDATE FORM**

STUDENTS <b>LEGAL SURNAME</b>		
<b>FORENAME(S)</b>		
<b>KNOWN NAME</b> (if different from first Forename OR Legal Surname)	<b>FORENAME:</b>	<b>SURNAME:</b>

<b>YEAR GROUP</b>		<b>DATE OF BIRTH</b>		<b>GENDER: M/F</b>
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Please tick box if either/both parents are serving HM Forces personnel

**ETHNICITY Please tick one box:**

<input type="checkbox"/> White - British	<input type="checkbox"/> White - European
<input type="checkbox"/> White - Irish	<input type="checkbox"/> White - Traveller of Irish Heritage
<input type="checkbox"/> White - Gypsy/Roma	<input type="checkbox"/> White - any other White background
<input type="checkbox"/> Mixed - White and Black Caribbean	<input type="checkbox"/> Mixed - White and Black African
<input type="checkbox"/> Mixed - White and Asian	<input type="checkbox"/> Mixed - Any other mixed background
<input type="checkbox"/> Asian or Asian British - Indian	<input type="checkbox"/> Asian or Asian British - Pakistani
<input type="checkbox"/> Asian or Asian British - Bangladeshi	<input type="checkbox"/> Asian or Asian British - Any other Asian background
<input type="checkbox"/> Black or Black British - Caribbean	<input type="checkbox"/> Black or Black British - African
<input type="checkbox"/> Any other Black background	<input type="checkbox"/> Black or Black British - Any other Black background
<input type="checkbox"/> Chinese	<input type="checkbox"/> Do not wish an ethnic background category to be recorded

<b>FIRST LANGUAGE</b> exposed to at birth if not English:	<b>LANGUAGE SPOKEN AT HOME:</b>
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**USUAL MODE OF TRANSPORT Please tick one:**

<input type="checkbox"/> Walk	<input type="checkbox"/> Cycle	<input type="checkbox"/> Car/Van	<input type="checkbox"/> Car share	<input type="checkbox"/> Taxi
<input type="checkbox"/> Public Service bus	<input type="checkbox"/> Dedicated school bus	<input type="checkbox"/> Train	<input type="checkbox"/> Other .....	

<b>DENOMINATION</b>		<b>CHURCH ATTEND</b>	
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<b>NAMES OF ANY SIBLINGS CURRENTLY AT ST EDWARD'S</b>	
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<b>SURGERY NAME</b>	
<b>DOCTOR NAME</b>	<b>TEL. NO.</b>

<b>ANY MEDICAL CONDITIONS</b>	
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<b>Do you give your permission for us to administer first aid?</b>	Yes/No
<b>Do you give your permission for us to contact your doctor or to take to hospital in the event of an emergency?</b>	Yes/No
<b>Do you give your permission for us to use photographs of your child which may have been taken in the course of normal school activities?</b>	Yes/No
<b>Are you happy for extra information to be passed on to the Connexions Service? (we are required to pass them all students' names and addresses, but we need your consent to pass on Date of Birth, Telephone, Gender, Special Educational Need and Ethnicity)</b>	Yes/No

STUDENT'S HOME ADDRESS	POSTCODE:
HOME TELEPHONE & MOBILE NUMBER (REQUIRED FOR PARENTPAY)	
PARENT/CARER EMAIL ADDRESS (REQUIRED FOR SCHOOL CORRESPONDENCE / UPDATES via PARENTPAY)	

**PARENTS (Please give details of everyone with LEGAL PARENTAL RESPONSIBILITY)**

<b>SURNAME</b>		<b>FORENAME</b>		<b>TITLE</b>	
<b>RELATIONSHIP TO STUDENT</b>			<b>WORK TEL NO:</b>		
<b>ADDRESS (if different from student home address)</b>			<b>MOBILE TEL NO:</b>		

<b>SURNAME</b>		<b>FORENAME</b>		<b>TITLE</b>	
<b>RELATIONSHIP TO STUDENT</b>			<b>WORK TEL NO:</b>		
<b>ADDRESS (if different from student home address)</b>			<b>MOBILE TEL NO:</b>		

<b>SURNAME</b>		<b>FORENAME</b>		<b>TITLE</b>	
<b>RELATIONSHIP TO STUDENT</b>			<b>WORK TEL NO:</b>		
<b>ADDRESS (if different from student home address)</b>			<b>MOBILE TEL NO:</b>		

**ADDITIONAL CONTACTS (please print)**

<b>NAME</b>		<b>TITLE</b>		<b>REALTIONSHIP TO STUDENT</b>	
<b>DAYTIME CONTACT NO</b>		<b>ALTERNATIVE NO.</b>			

<b>NAME</b>		<b>TITLE</b>		<b>REALTIONSHIP TO STUDENT</b>	
<b>DAYTIME CONTACT NO</b>		<b>ALTERNATIVE NO.</b>			

**PLEASE LET US KNOW THE ORDER THAT WE SHOULD USE TO CONTACT THE ABOVE PEOPLE**

1st		4th	
2nd		5th	
3rd			

**PRINT NAME:**  
(Parent/Guardian/Carer)

**SIGNED:**  
(Parent/Guardian/Carer)

**Date:**