Surname: Forename: Title: Mr/Mrs/Ms Address: Postcode: Home Tel: Mobile: Text Service (see Overleaf) Work Tel: Email: Parent /Guardian Relationship to Pupil e.g. Parent/Step-parent: Priority please circle 1 2 3 Surname: Forename: Title: Mr/Mrs/Ms Address: Postcode: Home Tel: Mobile: Text Service (see Overleaf) Work Tel: Email:	DATA COL Please compl	_			urn this f	orm to y	our (child's te	acher as s	oon a	ıs poss	ible			
Middle Name: Clarification Clarification				(if different)											
Date of Birth: Brother/Sister in School Yes / No Name(s) of Brother/Sister(s) Address: Post Code: P			-						/			Mala / E	omale		
Name(s) of Brother/Sister(s) Address: (Must include House Name or House) Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Circle the priority in the order that you wish for them to be contacted. Parent /Guardian Relationship to Pupil e.g. Parent/Step-parent: Priority piease circle 1 2 3 Surname: Forename: Title: Mr/Mrs/Ms Address: Postcode: Text Service (see Overleaf): Priority piease circle 1 2 3 Work Tel: Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Mr/Mrs/Ms Address: Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Mobile: Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Priority piease circle 1 2 3 Text Service (see Overleaf): Prior										Sah	001				
Address: Most include House Name or House Post Code:			(Sistor(s)					Broune	i/Sister iii	SCII	001	162 / M	<u> </u>		
Post Code: Pos		Di Otiliei/	Sister(s)												
an emergency. Circle the priority in the order that you wish for them to be contacted. Parent / Guardian Relationship to Pupil e.g. Parent/Step-parent: Mobile: Title: Mr/Mrs/Ms	Number)														
Parent /Guardian Relationship to Pupil e.g. Parent/Step-parent: Priority please circle 1 2 3 3 3 3 3 3 3 3 3											wish to	o be conta	acted i	n	
Address: Mobile: Text Service (see Overleaf): Mobile: Text Service (see Overleaf):											ority pl	ease circle	1	2	3
Home Tel: Work Tel: Parent / Guardian Relationship to Pupil e.g. Parent/Step-parent: Priority please circle Title: Mr/Mrs/Ms Address: Postcode: Text Service (see Overleaf): Mobile: Text Service (see Overleaf): Mobile: Text Service (see Overleaf): Priority please circle Title: Mr/Mrs/Ms Priority please circle Title: Mr/Mrs/Ms Title: Mr/Mrs/Ms Title: Mr/Mrs/Ms Forename: Forename: Title: Mr/Mrs/Ms Forename: Title: Mr/Mrs/Ms Forename: Forename: Forename: Title: Mr/Mrs/Ms Forename: For	Surname:			ı	Forenan	ne:					Title:		Mr/N	/Irs/N	/Is
Work Tel: Parent /Guardian Relationship to Pupil e.g. Parent/Step-parent: Priority please circle 1 2 3 Surname: Forename: Title: Mr/Mrs/Ms Address: Postcode: Home Tel: Mobile: Text Service (see Overleaf): Priority please circle 1 2 3 Surname: Forename: Mobile: Text Service (see Overleaf): Priority please circle 1 2 3 Surname: Forename: Mobile: Text Service (see Overleaf): Priority please circle 1 2 3 Surname: Forename: Mobile: Title: Mr/Mrs/Ms Meal Arrangements (Circle appropriate choice below) Free School Meal Paid School Meal Sandwiches Home Other Medical Practice: Telephone: Sen ReGISTER: Medical Information: Dietary Needs: Sen Type (official diagnosis) Please circle: 1,2,3 Ethnicity (See overleaf): Home Language (See overleaf): Religion (See overleaf): Method of travel: Previous School: Date of Admission: Reason for Leaving: Date of Leaving: Date	Address:			,							Post	code:			
Parent /Guardian Relationship to Pupil e.g. Parent/Step-parent: Priority please circle 1 2 3 Surname: Forename: Title: Mr/Mrs/Ms Address: Postcode: Text Service (see Overleaf): Priority please circle 1 2 3 Mobile: Text Service (see Overleaf): Title: Mr/Mrs/Ms Mobile: Title: Mr/Mrs/Ms	Home Tel:					Mob	ile:				I.	Text Serv	rice (see	Over	rleaf):
Surname: Forename: Title: Mr/Mrs/Ms Address: Postcode: Home Tel: Mobile: Text Service (see Overleaf): Text Service (see Overleaf): Mobile: Text Service (see Overleaf): Text Service (see Overlea	Work Tel:					Ema	ail:								
Address:	Parent /Gua	ardian	Relationsh	nip to	Pupil e.ç	j. Parent/	/Step-	parent:		Pri	ority pl	ease circle	1	2	3
Home Tel: Work Tel: Character Relationship to Pupil e.g. Grandparent/Childminder: Forename: Forename: Mobile: Medical Arrangements (Circle appropriate choice below) Free School Meal Pactice: Address of Medical Practice: Medical Information: Information: Sen Register: Please circle: Please circle: 1,2,3 Dietary Needs: Sen Register: Please circle: Please circle: Please circle: Previous School: Eligible for Free Meals Yes/Notes Notes Note	Surname:			ı	Forenan	ne:					Title:		Mr/Mrs/Ms		
Work Tel: Cother Contact Relationship to Pupil e.g. Grandparent/Childminder: Priority please circle 1 2 3	Address:										Post	code:			
Other Contact Relationship to Pupil e.g. Grandparent/Childminder: Priority please circle Title: Mr/Mrs/Ms Mobile: Medical Practice: Medical Practice: Medical Information: SEN REGISTER: Please circle: 1,2,3 SEN Type (official diagnosis) Please circle: 1,2,3 Ethnicity (See overleaf): Home Language (See overleaf): Religion (See overleaf): Previous School: Reason for Leaving: Date of Admission: Previous Information: Date of Admission: Previous School: Reason for Leaving: Date of Leaving: Date of Leaving: The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR) The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education.	Home Tel:					Mob	oile:					Text Serv	rice (see	Over	rleaf):
Surname: Forename: Title: Mr/Mrs/Ms Home Tel: Mobile: Meal Arrangements (Circle appropriate choice below) Free School Meal Paid School Meal Sandwiches Home Other Medical Practice: Telephone: Address of Medical Practice: Telephone: Medical Information: Dietary Needs: SEN REGISTER: (official diagnosis) Please circle: Dyslexia Physical Health Behavioural Ethnicity (See overleaf): Home Language (See overleaf): Religion (See overleaf): Method of travel: Previous School: Date of Admission: Reason for Leaving: Date of Leaving: Date of Leaving: Date of Leaving: The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR) The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education.	Work Tel:					Ema	ail:								
Medical Paid School Meal Paid School Meal Sandwiches Home Other	Other Cont	act	Relationsh	nip to	Pupil e.g	. Grandpa	rent/C	hildminder		Pri	ority pl	ease circle	1	2	3
Meal Arrangements (Circle appropriate choice below) Free School Meal Paid School Meal Sandwiches Home Other Other	Surname:			ı	Forenan	ne:					Title:		Mr/N	/Irs/N	/Is
Medical Practice: Telephone: Address of Medical Practice: Special Information: Dietary Needs: SEN Type (official diagnosis) Please circle: 1,2,3 Physical Home Language (See overleaf): Religion (See overleaf): Method of travel: Previous School: Reason for Leaving: Date of Admission: Date of Leaving: Date of Leaving: Date of Leaving: Date of the data with the Education Authority and with the Department of Education. Date of the data with the Education Date of the data with the Educat	Home Tel:			·			М	lobile:							
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Address of Medical Practice: Medical Information: Special Dietary Needs:	Free School			leal	Sandv	viches	Н	lome	Other		gible	OI I I EE I	vicais	16	3/110
Medical Information: Dietary Needs:								Tele	phone:						
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SEN REGISTER: Please circle: 1,2,3 Home Language (See overleaf): Previous School: Reason for Leaving: The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR) The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education.						•		eds:							
Previous School: Reason for Leaving: Date of Admission: Date of Leaving: Date of Leaving: Date of Leaving:	Please circle	STER:	SEN Type (official diagnosis) Please		utism	Learnin Diffs e.g.	ng		Hea	lth			Ment	al He	alth
Reason for Leaving: The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR) The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education.	Ethnicity (S	ee overleaf)	Home I	angu	age (See	overleaf):	Re	eligion (See overleaf):	M	ethod	of travel	:		
Reason for Leaving: The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR) The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education.	Previous S	chool:							Date of	Adn	nissior	n:			
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	The school has	s a duty to p	protect this data	and to	keep it up								he Educ	cation	
Signature: Date:		mui uic D	parament of Et	.acauon	••										
	Signature:										Date:				

FOR OFFICE USE

Date of Admission to School:

Class:

Data entered:

Text Service Number:

The school uses a Text Service to inform nominated parent/guardian contacts of events or unplanned closures. Please tick the mobile number on which you wish to receive the Text Message.

Disability

The definition for disability is that a child 'has a disability if he or she has a physical or mental impairment which has a substantial and long-term (has lasted or is likely to last 12 months or more) adverse effect on his/her ability to carry out normal day-to-day activities'. Physical impairments relate to those affecting the senses such as sight and hearing, heart disease, diabetes, epilepsy. Mental Impairments include learning disabilities and mental ill health.

Religion/Ethnicity/Home Language:

The following tables outline the categories used by the Department of Education for the School Census returns. Please indicate your selection in the appropriate section on the attached form.

Religion

rtongion						
Bahai	Baptist	Brethren	Buddhist	Church of England		
Church of God	Church of Ireland	Church of Jesus Christ of LDS	Church of Scotland	Congregational Church		
Elim	Free Methodist	Free Presbyterian	Hindu	Independent Methodist		
Jehovah Witness	Jewish	Methodist	Moravian	Muslim		
No Religion	Other Christian	Other Protestant	Pentecostal	Presbyterian		
Quaker	Roman Catholic	Salvation Army	Seventh Day Adventist	Sikh		
Unclassified						

Ethnicity

Bangladeshi	Black – African	Black – Caribbean	Black - Other	Chinese/Hong Kong
Indian/Sri Lankan	Irish Traveller	Korean	Malaysian	Mixed Ethnic Group
Other Non White	Pakistani	Roma	Vietnamese	White

Home Language

Home Language					
Afrikaans			Arabic	Belarusian	
Bengali/Bangla/Sylh eti	British Sign Language	Bulgarian	Burmese/Myanma	Chinese (Any Other)	
Chinese (Cantonese)	Chinese (Hakka)	Chinese (Hokkien/Fujianese)	Chinese (Mandarin/Putonghua)	Creole English	
Creole French	Czech	Danish	Dutch/Flemish	Edo/Bini	
English	Esan/Ishan	Estonian	Fijian	Finnish	
French	Gaelic (Scotland)	German	Greek	Gujarati	
Hebrew	Hindi	Hungarian	Icelandic	Igbo	
Irish	Irish Sign Language	Italian	Japanese	Kannada	
Kashmiri	Kikuyu/Gikuyu	Korean	Kurdish	Latvian	
Lingala	Lithuanian	Luganda/Ganda	Macedonian	Malay/Indonesian	
Malayalam	Maltese	Marathi	arathi Matebele		
Nepali	Norwegian	Oriya	Other Language	Pahari/Himachali (India)	
Panjabi	Pashto/Pakhto	Persian/Farsi	Polish	Portuguese	
Rajasthani/Marwari	Romanian	Romany	Russian	Serbian/Croatian/ Bosnian	
Shona	Sindhi	Sinhala/Sinhalese	Slovak	Slovenian	
Somali	Sotho/Sesotho	Spanish	Swahili/Kiswahili	Swedish	
Tagalog/Filipino	Tamil	Telugu	Tetum	Thai	
Tibetan	Tsonga	Tswana/Setswana	Turkish	Ukrainian	
Ulster Scots	Urdu	Venda	Vietnamese	Welsh/Cymraeg	
Xhosa	Yiddish	Yoruba	Zulu		