

SUPPLEMENTARY INFORMATION FORM

This form should be completed in addition to the Lambeth Common Application form and submitted to the school office.

CHILD'S FULL NAME	DATE OF BIRTH	GENDER
HOME ADDRESS	TELEPHONE NUMBER	
	E MAIL ADDRESS	
PARENTS INFORMATION		
Parent Name 1	Parent Name 2	
<i>(Relationship to Child)</i>	<i>(Relationship to Child)</i>	
<i>Address if different from child's home address:</i>	<i>Address if different from child's home address:</i>	
<i>Work Telephone Number:</i>	<i>Work Telephone Number:</i>	
<i>Mobile Telephone Number:</i>	<i>Mobile Telephone Number:</i>	
<i>Language spoken at home:</i>	<i>Language spoken at home:</i>	
<i>Email:</i>	<i>Email:</i>	
<i>Ethnic Background:</i>	<i>Ethnic Background:</i>	
<i>Country of origin:</i>	<i>Country of origin:</i>	
<i>National Insurance Number:</i>	<i>National Insurance Number:</i>	
<i>Date of Birth:</i>	<i>Date of Birth:</i>	
<i>Parental Responsibility: YES/NO</i>	<i>Parental Responsibility: YES/NO</i>	
EMERGENCY CONTACT DETAILS (Please provide a minimum of 2 contacts and list in order of priority)		
Name:	Name:	
Relationship to Child:	Relationship to Child:	
Telephone Number:	Telephone Number:	
Name:	Name:	
Relationship to Child:	Relationship to Child:	
Telephone Number:	Telephone Number:	
PLEASE TURN OVER		

RELIGION		
Are you a member of a Christian Church? YES/NO		Name of Church:
Are you a member of another Faith? YES/NO		Name of Faith:
HEALTH		
Does your child suffer from any medical condition? YES/NO		
If YES please give details and list any medication your child takes regularly:		GP Name: Surgery Address: Telephone Number:
Does your child suffer from any allergies? YES/NO. If YES please give details:		
Does your child have any dietary requirements? YES/NO. If YES please give details:		
I give my permission for first aid or urgent medical attention to be given to my child in an emergency:		Parent's Signature:
I give my permission for my child to be seen by the School Nurse		Parent's Signature:
SPECIAL EDUCATIONAL NEEDS & LOOKED AFTER CHILDREN		
Does your child require SEN Support? YES/NO If yes, please provide details, if appropriate:		
Does your child have an Education Health & Care Plan? YES/NO If yes, please provide details, if appropriate:		
Is your child adopted? YES/NO		
Is your child Looked After? YES/NO		
Is your child under Special Guardianship Order? YES/NO		
SCHOOL MEALS (Please TICK as appropriate)		
Free Meals	Paid Meals	Packed Lunch
CURRENT SCHOOL/NURSERY		CURRENT SCHOOL/NURSERY
Name: Address:		Name: Address:
Dates Attended:		Dates Attended:
REASON FOR LEAVING PREVIOUS SCHOOL		
I give my permission for my child to make local educational visits for example, walking to Church or visiting the local area.		Parent's Signature: