



## 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		
<i>Parent Name 1</i>	<i>Parent Name 2</i>	
<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)		
<i>Name:</i>	<i>Name:</i>	
<i>Relationship to Child:</i>	<i>Relationship to Child:</i>	
<i>Telephone Number:</i>	<i>Telephone Number:</i>	
<i>Name:</i>	<i>Name:</i>	
<i>Relationship to Child:</i>	<i>Relationship to Child:</i>	
<i>Telephone Number:</i>	<i>Telephone Number:</i>	
PLEASE TURN OVER		

<b>RELIGION</b>		
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:
<b>HEALTH</b>		
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:
<b>SPECIAL EDUCATIONAL NEEDS &amp; LOOKED AFTER CHILDREN</b>		
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		
<b>SCHOOL MEALS (Please TICK as appropriate)</b>		
Free Meals	Paid Meals	Packed Lunch
<b>CURRENT SCHOOL/NURSERY</b>		<b>CURRENT SCHOOL/NURSERY</b>
Name: Address:  Dates Attended:		Name: Address:  Dates Attended:
<b>REASON FOR LEAVING PREVIOUS SCHOOL</b>		
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: