ST. AUGUSTINE'S CATHOLIC PRIMARY SCHOOL
CONFIDENTIAL FORM

CHILD'S SURNAME		**FORENAMES**	
DOB:	**PLACE IN FAMILY:** ☐ of ☐	**GENDER:**	**SIBLINGS IN SCHOOL:**
ADDRESS: **TEL HOME:** **TEL WORK:** **MOB: DAD:** **MOB: MUM:** **Email Address:**		**CHILDMINDER:** **CONTACT NO:** **RELATIONSHIP TO CHILD:** **Preferred mob number for receiving texts:**	
FORMAL TITLE FOR LETTERS:	**Mr. & Mrs. / Ms. / Mr. & Ms. / Mr. /Mrs.** (**Please circle choice)**		
FATHER'S NAME		**MOTHER'S NAME**	
OCCUPATION		**OCCUPATION**	
RELIGION		**RELIGION**	
COUNTRY OF BIRTH		**COUNTRY OF BIRTH**	
ADULTS WITH WHOM CHILD LIVES:		**MODE OF TRAVEL: (PLEASE TICK)** **WALK** **CAR** **BUS** **TRAIN**	
DOCTOR'S NAME / ADDRESS/TEL NO:		**FREE SCHOOL MEALS ENTITLEMENT** **TICK PLEASE YES/NO** **PAPERWORK NECESSARY**	
ANY LEARNING DIFFICULTIES YES/NO **GIVE DETAILS:**		**BRIEF DETAILS OF MEDICAL CONDITIONS AND/OR ALLERGIES:**	

I give permission for relevant information regarding my child to be shared with other professional agencies

Signed…….Please print name…….Date……

I give permission for my child…… to be taken out of school for local field trips etc, under the supervision of teaching and support staff.
Signed……..Please print name…….Date……
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