



**Wellington College**

**Pupil Information Form**

**For office use:**

Year of Admittance

Date of Birth

**PLEASE ENSURE YOU INCLUDE CHILD'S BIRTH CERTIFICATE** *(This will be photocopied and returned to you)*

**Please ensure you complete every section of this form:**

- This form should be completed and signed by individual(s) with parental responsibility for the named child
- The information given on this form is confidential; it is treated as such and will not be released or discussed with any unauthorised individual.
- Please complete all sections, including giving 'no' or N/A responses where appropriate.
- **Please use block capitals throughout.**
- **It is the responsibility of the individual(s) with parental responsibility for the named child to keep the College informed of any changes in personal details, address, phone number or email. This has to be done in writing or by e mail.**

Section 1			
Surname (as on birth certificate)		Middle Name(s) (as on birth certificate)	
Forename (as on birth certificate)		Preferred Forename	
		Preferred Surname	-----
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		

Section 2	
Home address	
POSTCODE	

The following contact details will be used in the order below for medical reasons and email correspondence		
Contact 1		
Name		
Relationship with child		
Address if <b>different</b> from child's		
Mobile telephone No.		
Home/Work telephone No.		
<b>Email Address : This will be the school's method of communication with parents/guardians.</b>		
<b>E MAIL:</b>		<b>BLOCK CAPITALS PLEASE</b>
<b>CONFIRM EMAIL:</b>		
Contact 2		
Name		
Relationship with child		
Mobile telephone No.		
Contact 3		
Name		
Relationship with child		
Mobile telephone No.		
Section 3		
Siblings at WCB	Name:	Form:
Religious affiliation (Information required by EA. Please indicate affiliation eg Catholic, Church of Ireland etc or write 'none')		
Ethnic origin		
Main language spoken at home		

**Section 4:**

Where an individual with legal parental responsibility does **not live with the child**, it is possible to send copies of reports on request. **It is not College policy** to invite both members of an estranged relationship to parents' consultation meetings. The invitation is issued to the parent with whom the child lives.

Do any other adults have legal parental responsibility?	<b>YES/NO (if yes please fill in details below)</b>	
Name:		
Relationship with child		
Address: ( <b>must be provided</b> )		
Mobile telephone no. ( <b>must be provided</b> )		
Do you wish to receive a copy of your child's report? If so this will be sent by e mail	<b>YES/NO</b> - This is only for parents with legal responsibility who <b><u>DO NOT</u></b> live with the child Yes No	
<b>Email address:</b> Block capitals		
Are there any court orders which relate to the child eg custody, contact or residence orders under the Children (NI) Order 1995? If Yes, please identify them (copies <b>MUST</b> be enclosed).		

**Section 5:**

GP Name and Surgery:	
Medical conditions: (Please contact the College if necessary to provide more detailed information)	
Prescribed medication:	
Is this required during College day? We recommend that where possible <b><u>medication is not administered</u></b> during the school day.	Details:

**Self-administration of prescription or proprietary medicines is prohibited.** This must only be carried out under the supervision of a First Aider (based in College Office) who will arrange for medicine to be stored and dispensed in accordance with **written parental instructions**. **Please write to the Principal**. Parents must supply any prescribed medication in the original packaging with pharmacy typed instructions attached. It is the responsibility of parents to ensure all medications stored by the College are up to date.

The College strongly recommends the use of a medic-alert identification (or similar) for pupils with serious medical conditions.

<b>Section 6</b>	
Does your child have a Special Educational Need? <b>YES / NO</b>	If <b>YES</b> you <b>must</b> include documentary evidence of a formal diagnosis by HSC Trust or EA Psychologist
Is your child currently on a school's SEN register? <b>YES / NO</b>	Please circle what stage: <b>1 2 3</b>
Date of statement (Stage 3 only)	
<p><b>Please attach all relevant documentation to evidence this need, this may include any of the following documentation:</b></p> <p>Last annual review of statement, EA Psychologist report, HSC Trust Letter indicating formal diagnosis, CAMHS letter of involvement, occupational therapy reports etc.</p>	
<b>Section 7</b>	
Primary/Secondary School Attended	NAME: From: To:
Is your child entitled to free school meals? It is your responsibility to apply through EA website	Circle: <b>YES / NO</b>

**PLEASE SIGN:** I agree to Wellington College policy on: *(policies included for your information and for you to retain)*

**Mobile Phone Policy:** Parent/Guardian: \_\_\_\_\_

Pupil: \_\_\_\_\_

**Internet Policy:** Parent/Guardian: \_\_\_\_\_

Pupil: \_\_\_\_\_

**Photograph Permission:** Parent/Guardian: \_\_\_\_\_

I accept all college Policies and Procedures including behaviour code, uniform policy and child protection policy (all available on website).

Parent/Guardian: \_\_\_\_\_

**PLEASE ENSURE ALL SECTIONS ARE COMPLETED AND SIGNED**