

Alridha Supplementary Schools Re-registration Form

Dear Parents,

Thank you for your continued support of the school and your child's education. To ensure that your child remains on the register for next year, please complete this re-registration form.

Please complete **ALL** the information below, sign the form and return to the school with next year's fees. This sheet will be added to your child's initial registration form to ensure that all information is up to date. All permissions given in the initial registration form will remain unless otherwise informed by writing.

Please fill in below:

Student Surname:		Parent's Surname:	
Student Forename:		Parent's Forename:	
Middle name:		Student current Yr. Group:	
Date of Birth:		Age:	
Address including Post Code:		Student Gender:	
		Sibling Name:	
		Sibling Yr. group:	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. **Place them in the order that you wish for them to be contacted in an emergency.**

Priority	Name/Relationship	Home Address	Mobile / Phone / Email
1	Name: Relationship:		Mobile: Telephone: Email:
2	Name: Relationship:		Mobile: Telephone: Email:

Name and Address of mainstream school	Current year group in mainstream school

Medical Practice /Dr. Name:	Medical Condition (s): Please include any allergies

Ethnicity	Home Language	First Language	Religion
Data Protection: The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Education Authority and with DfE if necessary.			
Signature:		Date:	

Please use this section to add any further information regarding your child that you wish the school to be aware of.

Please tick this box if your child has access to a PC at home