



# ST RICHARD REYNOLDS CATHOLIC COLLEGE

ST RICHARD REYNOLDS CATHOLIC PRIMARY SCHOOL  
ST RICHARD REYNOLDS CATHOLIC HIGH SCHOOL

## COLLEGE FORMS

**Pupil Name:**

**Current School:**

The following forms are enclosed for you to complete before your interview.

		<b>Signed and Returned (please tick)</b>
1	Data Capture Form	
2	Parent/Carer Responsibility Statement	
3	E-safety Form	
4	Photography/General Indemnity Permissions Form	
5	PE Letter	
6	Home/School Agreement Guidance	For information
7	Pupil Responsibility Statement	For information
8	Uniform Letter	For information
9	Governor's Fund Letter and Form with Gift Aid Declaration	For information
10	College Dinners Letter and College Shop Instructions	For information
11	FoSRR Letter	For information
12	Music Form	For information
13	Locker Letter	For information



# ST RICHARD REYNOLDS CATHOLIC COLLEGE DATA CAPTURE FORM

Section A: Child Information	
Legal Forename	
Middle Name(s)	
Legal Surname	
Preferred Forename	
Date of Birth	
Address including Post Code	
Home Telephone Number	
Section B: Parent Information	
<b>Mother's full name and title</b>	
Address (if different from child's address above)	
Does the mother have parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary contact telephone number	
Is this your	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>
Secondary contact telephone number	
Is this your	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>
Email address	
Occupation / workplace post code	
Do you have any expert knowledge, or professional experience, in a particular specialism that may help the College?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details below
<b>Father's full name and title</b>	
Address (if different from child's address above)	
Does the father have parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary contact telephone number	
Is this your	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>
Secondary contact telephone number	
Is this your	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>
Email address	
Occupation / workplace post code	

Do you have any expert knowledge, or professional experience, in a particular specialism that may help the College?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details below
<b>Section C: Carer Information (if applicable)</b>	
<b>Carer's full name and title</b> (if applicable)	
Address of carer with parental responsibility for the child by Order of the Court and as prescribed in The Children Act (see guidance notes)	
Relationship to child	
Does this person require copies of progress reports?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide email address	
<b>Section D: Family Information</b>	
Does your child have any siblings?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many siblings? _____
Does your child have a sibling at St Richard Reynolds College now?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give name(s) and form(s) below 1 _____ 2 _____
<b>Section E: Daytime Contact Information</b>	
Parent to contact first	Father <input type="checkbox"/> Mother <input type="checkbox"/>
First person to contact if parents not available	Name: Telephone number: Relationship to child:
Second person to contact if parents not available	Name: Telephone number: Relationship to child:
<b>Section F: Medical and Dietary Information</b>	
Name of Doctor's practice	
Address of Doctor's practice including post code	
Telephone number	
Does your child have any medical conditions, including allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details. Also tell us if your child has been prescribed an EpiPen or inhaler.
Does your child suffer from asthma?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child taking regular medication?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details
Has your child had any major operations?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details

