

Parental Responsibility Information

Pupil Details

Child's Name:		Date of Birth:	
Full Address (including postcode):			
School:			

PLEASE READ THE ENCLOSED LEAFLET CAREFULLY BEFORE COMPLETING THIS FORM

(1) The following adults live with the child and act as parent:

Full Name	Relationship to Child	Parental Responsibility YES or NO	Same address as above YES /NO If NO please provide address

(2) The following adults have 'parental responsibility' but do not live with the child:

Full Name	Relationship to Child	Address

(3) Are there any Court Orders which relate to the child? (eg Custody Orders, Contact Orders, Residence Orders under the Children (Northern Ireland) Order 1995:

YES **NO**

If YES please say what they are:

This information will be transferred into the school's computer system. Under the Data Protection Act, anyone named above has the right to know that information about them has been collected and given an opportunity to check its accuracy.

This form should be signed by someone with parental responsibility wherever possible.

PLEASE RETURN THIS FORM TO THE SCHOOL AS SOON AS POSSIBLE.

SIGNED:	RELATIONSHIP TO CHILD:
DATE	