



CHASE ACADEMY

STUDENT RECORD FORM

Please complete in BLOCK CAPITALS

		Day/Boarder	House	Roll No	
Student surname	Known name	Other names			
Date of birth If under 5, please supply copy of Birth Certificate – for Early Years Grant requirements.	Date of entry	School year			
Religion	Last school	Brother/sister + age			
Brother/sister + age	Brother/sister + age	Brother/sister + age			
Home address					
Postcode					
Names of both parents or guardians	Father	Mother			
	Addresses, if different from above				
Occupations					
Place of work					
Students' mobile telephone					
Home telephone					
Fax number and or email address					
Work telephone					
Mobile telephone					
Other emergency numbers	Name	Name			
	Number	Number			
Relevant medical history, any allergies, medicines taken on a regular basis etc. Please continue overleaf if necessary.					
Allergic to penicillin? Yes/No					
I authorise the school to administer minor first aid treatment. (Delete if not required.)					
I authorise the school to arrange immunisation. (Delete if not required.)					
In case of emergency, I agree to the Headmaster or a senior member of staff signing relevant papers <i>in loco parentis</i> . (Delete if not required.)					
School will not administer any medicines to students without written instructions from parents. If you wish such medicines to be given, please give <i>asmall</i> supply in the office (a couple of tablets in an envelope will suffice) with signed instructions (possibly on the envelope) as to when we should give them.					
Signature of parent or guardian					Date