

Legal Surname:		Preferred Surname: (if different from legal)	
Forename:		Middle name(s):	
Chosen Name:		Gender: Male/Female* <i>*Delete as appropriate</i>	
Date of Birth:	DD/MM/YYYY		
Address: (Must include House Name or House Number)			
	Home Tel:		Post Code:

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. The Priority 1 contact will be sent a Text Message ("PC Txt Msg") for emergencies e.g. bad weather closures and their email will be used for reminders for important parental events and other relevant communication. Please note that Absence Call alerts will also be sent to the Priority 1 contact.

Parent/Carer	Relationship to Pupil eg. Parent/Step-parent/Foster-parent etc.		
PRIORITY 1	Mr/Mrs/Ms*	Surname:	Forename:
Address:		Postcode:	
Email:		Mobile:	

Parent/Carer	Relationship to Pupil eg. Parent/Step-parent/Foster-parent etc.		
PRIORITY 2	Mr/Mrs/Ms*	Surname:	Forename:
Address:		Postcode:	
Home Tel:		Mobile:	

Other Contact	Relationship to Pupil eg. Parent/Step-parent/Grandparent/Aunt/etc.		
PRIORITY 3	Mr/Mrs/Ms*	Surname:	Forename:
Address:		Postcode:	
Home Tel:		Mobile:	

**Please delete as appropriate*

BROTHERS OR SISTERS ATTENDING PORTADOWN COLLEGE

Name: Year Group:	Name: Year Group:	Name: Year Group:
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PREVIOUS SCHOOL ATTENDED *Please mark X in appropriate box*

Clounagh JHS	
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Killicomaine JHS	
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Tandragee JHS	
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Other School <i>Please insert name</i>	
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MEDICAL CONDITIONS

If any medical condition exists which the College should be made aware of e.g. poor eyesight, asthma, allergies, diabetes etc., please indicate here on the admission form or by sending a letter to the Principal.

Medical Condition:	
Doctor's Name:	Health Centre:
	Tel No:

Ethnicity	Home Language	Religion

MEAL ARRANGEMENTS

Please mark X in appropriate box

Free School Meal	
Cash Cafeteria	
Sandwiches	
Home	
Other	

TRAVEL ARRANGEMENTS

Please mark X in appropriate box

Walks	
Car	
Bus	
Bicycle	

FAMILY CONNECTIONS WITH COLLEGE HOUSES - ie.(Mother/Father/Sister/Brother)

Please mark X in appropriate box

Shillington	
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MacCallum	
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Seale	
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None	
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Signed

Parent/Carer

Date

DD/MM/YY
