

Pupil Personal Details



Surname:	Forename:	
Date of Birth: / /	Gender:	
Address:	Home Tel:	Mobile No:
	Email:	
Postcode:		

Parent's Names: Please give details of all persons who have parental responsibility

Name (including surname)	Relationship	Contact Number/Email (Required)	Address (Required)	Place of Work / Occupation

Emergency Contacts (minimum of 2) : Please place in order to be contacted

1st priority contact will receive text notification messages from school

Priority	Name (including surname)	Relationship	Contact Number
1			
2			
3			

Child Collection Information: Please inform us of any persons (over the age of 16) who may regularly collect your child from school

Name	Comments

Please complete details over the page (1/2)

Previous School/Nursery attended:	From:	To:
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Relationship with other pupils in school:

Medical Information

Doctor's Name & Address:	Telephone No:
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Allergies:	Medical information we should know about in school:
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Disabilities : Do you consider your child to have a disability? Speech <input type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Any other <input type="checkbox"/> (Please state)
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Can your child be given a sticking plaster in school if necessary	Yes / No
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School Meal <input type="checkbox"/>	Packed Lunch <input type="checkbox"/>
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Religion:	Re Exemption: Yes/ No
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Please include any other information that you think we should know about your child

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Signed: Parent / Carer

Date:.....