



Pupil Personal Details

Surname:	Forename:		
Date of Birth: / /	Gender:	Male / Female	
Address:	Home Tel:	Mobile No:	
	Email:		
Postcode:			
Religion:	Baptism Certificate Seen:	YES / NO	

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

Name (including surname)	Relationship	Contact Number	Address (if different from above)	Place of Work

Emergency Contacts: 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

Previous School/Nursery attended:	From:	To:
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Brothers or Sisters in school:

Medical Information

Doctor's Name & Address:	Telephone No:
Health Visitor Name:	
Allergies:	Medical information we should know about in school:
Speech <input type="checkbox"/>	Sight <input type="checkbox"/>
Hearing <input type="checkbox"/>	Any other <input type="checkbox"/>
Can your child be given a sticking plaster in school if necessary Yes / No	

School Meal <input type="checkbox"/>	Packed Lunch <input type="checkbox"/>
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Ethnic Origin:	1 st Language:	Nationality:	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