

CLASS: .....

PUPIL INFORMATION

**Please complete this form in BLOCK CAPITALS**

YOUR CHILD'S DETAILS

Surname ..... Forename (s) .....

Gender: (M/F) ..... Date of Birth .....

Ethnicity ..... Language (s).....

Religion ..... Country of birth.....

Address .....

Post Code ..... Home Tel .....School Meals: Y/N.....

Mobile..... If yes – Free/Paid .....

Email address .....

<b>PARENT/CARER RESPONSIBILITY</b>	
Surname .....	Surname .....
Forename .....	Forename .....
Relationship to pupil .....	Relationship to pupil .....
Address if different .....	Address if different.....
.....	.....
Place of Employment .....	Place of Employment .....
.....	.....
Work Tel .....	Work Tel .....

PLEASE PROVIDE THE NAME AND ADDRESS OF 2 EMERGENCY CONTACTS: Other than above

Name.....	Name.....
Relation to pupil .....	Relation to pupil.....
Address .....	Address.....
.....	.....
Tel No .....	Tel No.....

HEALTH INFORMATION does your child have any medical condition you feel the school should know about: e.g. any allergies, asthma, hayfever, hearing problems.

.....

Does your child have any special dietary requirement: e,g allergies or religious beliefs?

.....  
.....  
.....

Name of Doctor ..... Tel No .....  
Address .....

Name of Social Worker (if applicable): .....

Telephone No: .....

Does your child have access child have access to the following at home:

Internet: .....

Laptop: .....

Tablet: .....