St Thérèse of Lisieux Catholic Primary School

PUPIL INFORMATION

PUPIL DETAILS

Surname:	Forenames:
Date of Birth:	Gender Male / Female
Nationality:	Home Language: First Language:
Religion:	Parish
Date and Place of Baptism:	
Previous schools attended:	
Meal Type (School meal or Packed lunch)	Travel Arrangements:

HEALTH INFORMATION –
PLEASE ENSURE ALL CURRENT HEALTH / ALLERGY ISSUES ARE LISTED

Doctors Name	Doctor's telephone No.
Past Health Problems (e.g. operations, serious illness)	
Current Health Problems (e.g. asthma, food allergies etc)	
Medication	Spectacles, Grommets etc.

ADDITIONAL INFORMATION

Nursery Places only – preference 30 hours / am / pm / no preference (please circle)
*Please note that this **cannot** be guaranteed*

PARENT/GUARDIAN CONTACT INFORMATION

Name of Parent/Guardian (1) Mr/Mrs/Ms/Miss	Name of Parent/Guardian (2) Mr/Mrs/Ms/Miss
Relationship to Child:	Relationship to Child:
Address of Parent/Guardian (1)	Address of Parent/Guardian (2)
Does child normally live at this address? YES / NO	Does child normally live at this address? YES / NO
If child does not live with either of the above, please indicate child's address here:	
Home telephone No:	Home telephone No:
Occupation and place of work:	Occupation and place of work:
Work Telephone No:	Work Telephone No:
Email address:	Email address:
Mobile:	Mobile:

EMERGENCY CONTACT INFORMATION

IT IS **ESSENTIAL** TO GIVE CONTACT INFORMATION FOR AT LEAST **THREE** PEOPLE **OTHER THAN PARENTS** WHO CAN BE CONTACTED IN AN EMERGENCY IF PARENTS ARE UNAVAILABLE

Name of Contact (1) **(not child's parent)**	Name of Contact (2) **(not child's parent)**
Relationship to Child	Relationship to Child
Address	Address
Telephone No:	Telephone No:

Name of Contact (3) **(not child's parent)**	Name of Contact (4) **(not child's parent)**
Relationship to Child	Relationship to Child
Address:	Address:
Telephone No:	Telephone No: