



Pupil Information Sheet 2012 - 2013

All information provided is required and will be treated as strictly confidential.

Child's Name (in full)

Home Address.....

Postcode..... Date of Birth.....

Mother's Name Title

Home and Mobile Contact Numbers.....

Email Address.....

Mother's Place of Work Tel.....

Father's Name Title

Home and Mobile Contact Numbers.....

Email Address.....

Father's Place of Work Tel

Other adult with parental responsibility or legal access

Contact Numbers

Name and address of any parent who no longer lives in the family home and who should be provided with newsletters and other communications.

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Emergency Contact

Please list any other person(s) authorised to receive contact and/or collect your child in case of emergency:

Name Tel

Relationship to Child

Name Tel.....

Relationship to Child

Medical Information

Does your child have any specific special need or medical need? Yes/No

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Does your child have any specific dietary needs/food allergies? Yes/No

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Name, telephone number and surgery address of family doctor

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I agree to emergency medical treatment/action if necessary. Yes/No

Signed..... Date.....