

Surname:		Forename:	
Middle Name:		Gender: Male / Female	
Preferred Name:		Date of Birth:	
Year Group:	Class:	House Colour:	

Home Address:	
.....	
Postcode:	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please give them in the order that you wish for them to be contacted in an emergency.

Priority	Name / Relationship	Address	Home Tel/Mobile/Email Address
1. Parent			
2. Parent			
3.			
4.			

Nationality	Religion
Is your child's first language English? Yes / No	If no, what is it?
Does your child fluently speak another language? Yes / No	If yes, what is it?
Position in family (e.g. 1 of 2 or 3 of 4).....	No. of brothers No. of sisters
Traveller Status? Yes / No	Service child? Yes / No

Please turn over and complete both sides

Medical – are there any medical needs you need to make us aware of? YES / NO – if YES please give details below.

Are there any medicines e.g. inhaler/epipen which should be kept in school that will need to be administered during the school day?

Yes / No Please circle as appropriate

If YES please give details and come into school to discuss details with staff

Medical practice:
Address:

Telephone number:

Any special dietary needs Yes / No Please circle as appropriate.

If Yes please details

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Previous School/ Nursery/ Preschool (if applicable)
This information will be used to obtain electronic records from previous schools.

Name and address

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Telephone No.

Any other information which may be helpful to us

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This information is accurate and up to date, and it is my responsibility to notify the office of any changes.

Signed: Date:

Please return to the school office as soon as possible.