

Pupil Contact Information

IT IS ESSENTIAL THAT THE SCHOOL HAS UP TO DATE INFORMATION. Please complete this form and return it to the school office as and when changes occur. If you have any questions please call the office on: 01242 514483.

Student Details	
First name	Surname
Year	Class
Ethnicity	Religion
Address	

Parents Details	Mother	Father
Name		
Address - same as pupil (Yes/No)		
Home telephone:		
Work telephone:		
Mobile:		
Email:		
Permission to take home?		
Order in which to contact		

Emergency Contact Details - in case parents cannot be contacted	1	2	3
Name:			
Relationship:			
Home telephone:			
Work telephone:			
Mobile:			
Email:			
Permission to take home?			

Contact Details for Doctor
Name
Surgery
Address
Phone

Medical conditions / Allergies	Critical (Yes / No)	Medicine held by pupil (Yes / No)	Emergency Action:
Condition / Allergy			
Notes:			

Please add any additional information you wish to share with the school including special dietary requirements or allergies or whether your child is eligible for free school meals

Parental Consent	
Your permission is required for the following:	<i>(please delete as necessary)</i>
Local educational visits during the course of the school day	Yes / No
Photograph student for use on school website and newsletter	Yes / No
Emergency medical permission	Yes / No
Internet access for pupil's studies	Yes / No
Copyright permission for school to use pupil's work for displays and publications	Yes / No
Sex education	Yes / No
Data exchange e.g. with Junior School, LEA etc.	Yes / No