

# PUPIL DETAILS FORM

Pupil Name..... Date of Birth.....

Home address.....

Language spoken at home .....(please specify if not English)

Mother/Carer's name:.....

Home address (if different from above).....

Home Tel. No..... Mobile.....

Work Tel. No: ..... (Days worked).....

E-Mail Address .....

Father's name: .....

Home address (if different from above).....

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Tel. No..... Mobile.....Work .....

Mode of Transport to School (eg. School bus/taxi/walk) .....

Is either parent serving in HM Forces military units (personnel category 1 or 2)? YES/NO ..

Emergency contact name.....

Address.....

Home Tel. No..... Mobile.....

Social Worker (if applicable).....

Does your son/daughter have any *medical conditions* or *allergies* of which we should be aware, e.g. epilepsy, diabetes, heart condition, chest complaints.

Yes/No. If Yes, please give details:

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Does your son/daughter take any prescribed medication?

Yes/No. If Yes, please give details:

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General practitioner..... Tel. No.....

Hospital consultant.....

**If it is necessary at any time for your child to be given medication at school, would you please contact the office for a Parent Agreement to administer medicine consent form. All medication must be sent to school in the original packaging supplied by the doctor/pharmacist. Inhalers must be clearly labelled with name and instructions.**

**If your child was adopted from care, left care under a Special Guardianship Order (SGO) on or after 30 December 2005, or left care under a Residence Order (RO) on or after 14 October 1991 please contact the school office. (Please note, this information is voluntary)**