

**PUPIL INFORMATION SHEET**

Pupil Details

SURNAME:..... FORENAME.....

MIDDLE NAME:..... DATE OF BIRTH.....

Full

Address:.....

.....Postal Code:..... Home Telephone Number.....

Parent / Guardian

(1) Surname..... Forename(s)..... Relationship to Child.....  
(Mother/Father etc.)

Resides with child? Yes/No Daytime Telephone Number..... Mobile.....

Daytime Address.....

E mail address .....

(2) Surname..... Forename(s)..... Relationship to Child.....  
(Mother/Father etc.)

Resides with child? Yes/No Daytime Telephone Number..... Mobile.....

Daytime Address.....

Email address .....

Emergency Contacts:

(1) Surname..... Forename(s)..... Relationship to Child.....  
(Aunt /Neighbour etc.)

Daytime Telephone Number..... Mobile.....

Daytime Address.....

(2) Surname..... Forename(s)..... Relationship to Child.....  
(Aunt /Neighbour etc.)

Daytime Telephone Number..... Mobile.....

Daytime Address.....

Medical Information

**GP**

Name..... Telephone Number.....

Address.....

**Dentist**

Name..... Telephone Number.....

Address.....

**Does your child have an ongoing medical condition?** Yes / No

If yes please give details.....

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**Does your child require medication?** Yes / No

If yes please give details.....

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**Medical declaration**

I give my permission for the school to act in the best interest of the child if necessary, if parents cannot be contacted.

Signed:..... Date.....