

Essential Pupil Information

Child's Surname _____ Forenames _____

Home Address _____ Date of Birth _____

_____ Post Code _____ Home Telephone _____

Parents/ Guardians (Please only state those who have legal parental responsibility)

Mother's Name _____ **Place of Work** _____

Address (if different to above) _____

Post Code _____ Date of Birth _____ Nat Insurance No. _____

Contact Numbers: Mobile _____ Work _____

Email address _____

Father's Name _____ **Place of Work** _____

Address (if different to above) _____

Post Code _____ Date of Birth _____ Nat Insurance No. _____

Contact Numbers: Mobile _____ Work _____

Email address _____

In an emergency who should be contacted first _____

Mobile number(s) to be used for text service _____

Other Emergency Contacts

Name _____ Relationship _____ Home Tel: _____

Mobile _____ In case of emergency school will always contact parents first. If we are unable to contact you for any reason does this person have your permission to take your child out of school. **Yes** **No** (Please circle accordingly)

Name _____ Relationship _____ Home Tel: _____

Mobile _____ In case of emergency school will always contact parents first. If we are unable to contact you for any reason does this person have your permission to take your child out of school. **Yes** **No** (Please circle accordingly)

Contact

Please state if there is anyone who should NOT have contact with your child.

Medical

Doctor's Name _____ Address _____

Phone Number _____

Please list below any medical information of which school should be aware eg. Medical conditions and Regular Medication etc.

Allergies and Dietary Requirements

Pupil Premium Indicators

Is your child adopted from care? Yes No

Has your child ever been entitled to Benefit Related Free School Meals? Yes No

Is either parent employed by the Armed Forces Yes No

Any other important information of which school should be made aware:

Form completed by Name _____ Signature _____ Date _____

For Office Use only Admission Date _____ Admission Number _____