

Confidential Pupil Information

PLEASE COMPLETE IN BLOCK CAPITALS

PUPIL SURNAME: _____

FORENAME: _____

OTHER NAMES: _____

DATE OF BIRTH: _____

SEX: _____



PUPIL ADDRESS

HOUSE/STREET: _____

DISTRICT _____

TOWN _____

COUNTY _____

POST CODE _____

HOME TEL NUMBER _____

NAMES OF PARENTS/CARERS AT THIS ADDRESS

(1) _____ Relationship _____

Mobile: _____ Email: _____

Work: _____

(2) _____ Relationship _____

Mobile: _____ Email: _____

Work: _____

PLEASE GIVE DETAILS BELOW OF TWO ADDITIONAL PEOPLE WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY:

EMERGENCY CONTACT 1

NAME: _____

DAY TIME TEL NO _____

DAY TIME PLACE OF CONTACT (ADDRESS) _____

RELATIONSHIP TO PUPIL _____

EMERGENCY CONTACT 2

NAME: _____

DAY TIME TEL NO _____

DAY TIME PLACE OF CONTACT (ADDRESS) _____

RELATIONSHIP TO PUPIL _____

NAME AND ADDRSS OF PREVIOUS SCHOOL _____

FREE MEAL ENTITLEMENT YES/NO

NAME AND ADDRESS OF DOCTOR _____

Pupil Ethnic Origin

White British <input type="checkbox"/>	African <input type="checkbox"/>	Any other <input type="checkbox"/> Asian background	Any other <input type="checkbox"/> Black background	Any other <input type="checkbox"/> Ethnic background
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Any other <input type="checkbox"/> mixed background	Any other <input type="checkbox"/> White background	Bangladeshi <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese or <input type="checkbox"/> Chinese British
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Indian <input type="checkbox"/>	White and <input type="checkbox"/> Asian	Pakistani <input type="checkbox"/>	White and <input type="checkbox"/> Black African	White and <input type="checkbox"/> Black Caribbean
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Traveller of <input type="checkbox"/> Irish Heritage
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Pupil Nationality (optional)
e.g. (Welsh, English, British, Irish etc.)

Does Pupil Speak Welsh
Yes No

**If yes is it spoken at home with
Parents and/or Siblings?** _____

Religion (optional) _____

ANY OTHER INFORMATION YOU CONSIDER TO BE RELEVANT, VALUABLE OR NECESSARY:

SIGNED _____(Parent/Carer)

DATE _____

PLEASE NOTIFY THE SCHOOL AS SOON AS POSSIBLE IF ANY OF THE ABOVE INFORMATION CHANGES.

<i>For Head of Year to complete before return to Reception</i>	
YEAR GROUP	
REG GROUP	
DATE STARTED	

PHOTOGRAPHY / MEDIA IN SCHOOL

Please complete and return.

I am willing for my child _____ of _____ (Form)

to be photographed, videoed or have a visual record made.

Signed: _____ (Parent/Carer)

Date: _____



VOICE RECORDING IN SCHOOL

Please complete and return.

I am willing for my child _____ of _____ (Form)

to have an audio recording made.

Signed: _____ (Parent/Carer)

Date: _____