

# Higham St. John's C. of E. Primary School

## PUPIL INFORMATION FORM

### CHILD

Surname: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Forenames: \_\_\_\_\_

Chosen Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel No: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

\_\_\_\_\_

Previous School/Nursery: \_\_\_\_\_

Home Language: \_\_\_\_\_

\_\_\_\_\_

No of Terms: \_\_\_\_\_ Date Left: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

### MOTHER

Title (Mrs, Miss, Ms)

### FATHER

Forename: \_\_\_\_\_

Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(if different from above)*

Parental Responsibility [Y/N]

*(if different from above)*

Parental Responsibility [Y/N]

### MEDICAL DETAILS

Doctor's Name: \_\_\_\_\_

Tel

No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Physical/Medical information which may affect schooling - including any known allergies.

\_\_\_\_\_

I give permission to the seeking of any necessary emergency medical advice or treatment for my child whilst attending this school.

Signed: \_\_\_\_\_

I give permission and accept responsibility for my child to walk home from school or to be collected off school premises.

Signed: \_\_\_\_\_

**P T O** FOR EMERGENCY CONTACT DETAILS

# Emergency Contact Details (including parents)

List in order of priority to be called - please supply as many as can.

## 1<sup>st</sup> Contact

Name: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Works No: \_\_\_\_\_

## 2<sup>nd</sup> Contact

Name: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Works No: \_\_\_\_\_

## 3<sup>rd</sup> Contact

Name: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Works No: \_\_\_\_\_

## 4<sup>th</sup> Contact

Name: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Works No: \_\_\_\_\_

## 5<sup>th</sup> Contact

Name: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Works No: \_\_\_\_\_

**We can only release children into the care of individuals named by the parents.**