



# TENACRES FIRST SCHOOL

## Pupil Information & Emergency Form

Please complete the following information for your child as fully as possible. **PLEASE KEEP US INFORMED OF ANY CHANGES**  
All information supplied is kept on school computers under restricted access and is subject to the provisions of the Data Protection Act 1998.



### PUPIL [PLEASE COMPLETE IN BLOCK CAPITALS]

LEGAL FORENAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

MIDDLE NAME[S] \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

LEGAL SURNAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PREFERRRED SURNAME \_\_\_\_\_

PREFERRED FORENAME \_\_\_\_\_

HOME TEL N<sup>o</sup> \_\_\_\_\_ EMAIL \_\_\_\_\_ POSTCODE \_\_\_\_\_

**CONTACT INFORMATION** : Please give details of all persons who have Parental Responsibility and anyone else you wish to be contacted in an emergency. Please place them in the order you wish to be contacted in an emergency.

**CONTACT 1** (usually the person completing the form) NAME \_\_\_\_\_ TITLE \_\_\_\_\_

RELATION \_\_\_\_\_ PARENTAL RESPONSIBILITY? YES NO

HOME ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOBILE N<sup>o</sup> \_\_\_\_\_ DAYTIME CONTACT \_\_\_\_\_

**CONTACT 2** NAME \_\_\_\_\_ TITLE \_\_\_\_\_

RELATION \_\_\_\_\_ PARENTAL RESPONSIBILITY? YES NO

HOME ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOBILE N<sup>o</sup> \_\_\_\_\_ DAYTIME CONTACT \_\_\_\_\_

**CONTACT 3** NAME \_\_\_\_\_ TITLE \_\_\_\_\_

RELATION \_\_\_\_\_ PARENTAL RESPONSIBILITY? YES NO

HOME ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

MOBILE N<sup>o</sup> \_\_\_\_\_ DAYTIME CONTACT \_\_\_\_\_

**CONTACT 4** NAME \_\_\_\_\_ TITLE \_\_\_\_\_

RELATION \_\_\_\_\_ PARENTAL RESPONSIBILITY? YES NO

HOME ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

MOBILE N<sup>o</sup> \_\_\_\_\_ DAYTIME CONTACT \_\_\_\_\_

Please also complete the reverse of this form. Thank you

PTO

## MEDICAL INFORMATION

DOCTOR \_\_\_\_\_

SURGERY ADDRESS \_\_\_\_\_

TEL N<sup>o</sup> \_\_\_\_\_

My child:

wears glasses

suffers from asthma

suffers from hayfever

carries an inhaler

uses a hearing aid

suffers from diabetes

suffers from eczema

suffers from epilepsy

has an allergy to \_\_\_\_\_

has another medical condition or dietary need *[please give details]*

[✓]

## ETHNIC ORIGIN

British

Irish

any other white background \_\_\_\_\_

White/Black Caribbean

White/Black African

White/Asian

any other mixed background \_\_\_\_\_

Indian

Pakistani

Bangladeshi

any other Asian background \_\_\_\_\_

Black Caribbean

African

any other black background \_\_\_\_\_

Chinese

any other ethnic group \_\_\_\_\_

[✓]

HOME LANGUAGE \_\_\_\_\_

RELIGION \_\_\_\_\_

## CHILDREN IN FAMILY

*Please complete for **other** children in the family.*

| OTHER CHILD'S NAME | AGE | YEAR GROUP OR OTHER SCHOOL |
|--------------------|-----|----------------------------|
|                    |     |                            |
|                    |     |                            |
|                    |     |                            |
|                    |     |                            |
|                    |     |                            |

## USUAL LUNCHTIME ARRANGEMENTS

Entitled to Free School Meal

Purchase a School Meal

Packed Lunch

Home

[✓]

## USUAL TRANSPORT TO SCHOOL

Walk

Cycle

Bus

Car

[✓]

I confirm that the information I have provided is accurate & complete to the best of my knowledge and I will provide the school with any changes as soon as they occur.

Signed \_\_\_\_\_ parent/guardian

Date \_\_\_\_\_