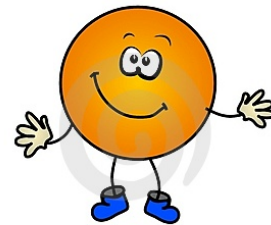




TENACRES FIRST SCHOOL

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 General Data Protection regulations.



PUPIL [PLEASE COMPLETE IN BLOCK CAPITALS]

LEGAL FORENAME _____ MALE _____ FEMALE

MIDDLE NAME[S] _____ DATE OF BIRTH _____

LEGAL SURNAME _____ ADDRESS _____

PREFERRED SURNAME _____

PREFERRED FORENAME _____

HOME TEL N^o _____ 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 _____ HOME TELEPHONE _____

MOBILE N^o _____ DAYTIME CONTACT _____

CONTACT 2 NAME _____ TITLE _____

RELATION _____ PARENTAL RESPONSIBILITY? YES NO

HOME ADDRESS _____

POSTCODE _____ HOME TELEPHONE _____

MOBILE N^o _____ DAYTIME CONTACT _____

CONTACT 3 NAME _____ TITLE _____

RELATION _____ PARENTAL RESPONSIBILITY? YES NO

HOME ADDRESS _____

POSTCODE _____ HOME TELEPHONE _____

MOBILE N^o _____ DAYTIME CONTACT _____

CONTACT 4 NAME _____ TITLE _____

RELATION _____ PARENTAL RESPONSIBILITY? YES NO

HOME ADDRESS _____

POSTCODE _____ HOME TELEPHONE _____

MOBILE N^o _____ DAYTIME CONTACT _____

Please also complete the reverse of this form. Thank you

PTO

MEDICAL INFORMATION

DOCTOR _____

SURGERY ADDRESS _____ TEL N^o _____

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 _____

RELIGION _____

FIRST LANGUAGE _____ ANY OTHER LANGUAGE SPOKEN AT HOME _____

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 the information provided above is accurate and I will provide the school with any changes as soon as they occur. I also confirm that in line with General Data Protection regulations, I have permission of the above contacts to share their data with the school and for it to be stored/processed in compliance with the regulations.

Signed _____ parent/guardian Date _____