Dear Parent/Guardian of:

The school is required to keep the following information on students. Please check the information and make any corrections that are necessary on the form or add information that is missing. Please return as soon as possible to the school. Please supply an Email address we can use to contact you. If you have any questions please call the office on: 01931 715265

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| **STUDENT DETAILS** | | **Current Address** | **Updated Address** |
| **First Name**: | **Surname:** |  |  |
| **DOB**: | **Gender:** |  |  |
| **Year:** | **Form:** |  |  |
| **Ethnicity:** | **Religion:** |  |  |
| **Nationality/First Language:** | |  |  |

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| **Contact Details for – (Please make any changes in the rows below)** | | | | | | |  |
| **Priority** | **Title** | **First Name** | **Surname** | **Relationship** | **Phone/Email** | **Address same as pupil** | **Permission to take home** |
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| **Contact details for Doctor – (Please make any changes in the row below)** | | | | | |
| **Surgery Name** | **Title** | **First Name** | **Surname** | **Relationship** | **Phone** |
|  |  |  |  |  |  |
|  |  |  |  |  |
| **Surgery Address** | | | | | |
| **Street** | | | **Town** | **County** | **Postcode** |
|  | | |  |  |  |

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| **Medical Conditions / Allergies for** | | | | |
| **Condition/Allergy** | **Critical Yes/No** | **Emergency Action** | **Medicine Held by Pupil Yes/No** | **Notes (additional Comments)** |
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| **Please add any additional information you wish to share with the school including special dietary requirements or allergies or whether your child is eligible for free school meals.** |
|  |

Occasionally photographs and /or video from around the school and events may appear on the school’s website and other promotional materials. Under normal circumstances, students are not referred to by name in these publications so that they are not identified through search engines etc., although clearly having genuine media helps new and existing families keep updated with events around the school. If you do not wish your son/daughter to appear in any of these publications, please check (X) this box 🞏

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_