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| **Pupil Personal Information** | | | |
| First Name: | Surname: | | DOB: |
| Home address: | | | |
| **Parent Contact Information** | | | |
| Emergency Contact 1 | Title:  First Name:  Surname:  Relation to child:  Contact number: | | |
| Emergency Contact 2 | Title:  First Name:  Surname:  Relation to child:  Contact number: | | |
| **Medical Information** | | | |
| Is there a current healthcare plan in school for your child? YES / NO | | | |
| Child’s Doctor’s name:  Name of Surgery: Tel No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of Surgery: | | | |
| Any known medical conditions or allergies |  | | |
| Any dietary requirements or food allergies |  | | |
| Photo Consent? YES / NO  I agree to my child’s photo being used in displays and on the website. | | Internet Use? YES / NO  I agree to my child having access to the internet as per the school E-safety Policy. | |

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| **Collection Arrangements** |
| Names and telephone numbers of people authorized to collect the child: |
| Collection Password: |
| **Additional Information** |
| Please use this space if you would like to add any other relevant information: |
| I confirm the information provided is correct and I will notify the school of any changes.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |