Pupil Information Form



Name of Pupil:		Address:		
Date of Birth:				
Date of Birth.				
Provision to be acces	sed			
Two Year Old School Aged				
Parent 1 Name:		Parent 2 Name:		
Parent 1 Address:		Parent 2 Address:		
Parent 1 Phone Number:		Parent 2 Phone Number:		
Email address:		Email address:		
Email address:		Email address:		
Email address:	Emergency			
Name	Emergency Relationship to child	Contacts	e Number	
Name		Contacts	e Number	
		Contacts	e Number	
Name		Contacts	e Number	
Name		Contacts	e Number	
Name		Contacts	e Number	
Name		Contacts	e Number	
Name		Contacts	e Number	
Name		Contacts	e Number	
Name		Contacts	e Number	
Name 1. 2.		Contacts	e Number	
Name 1. 2.		Contacts	e Number	
Name 1. 2.		Contacts	e Number	
Name 1. 2.	Relationship to child	Contacts	e Number	

Does you child have a SEN need? If yes, please provide further information. Does your child speak English as an additional language? If yes, please provide further information.	Do you consider your child to have a disability?	Yes	No				
Does you child have a SEN need? If yes, please provide further information. Does your child speak English as an additional language? Yes No							
If yes, please provide further information. Does your child speak English as an additional language? No	, , , , , , , , , , , , , , , , , , ,						
Does your child speak English as an additional language?							
Does your child speak English as an additional language?							
Does your child speak English as an additional language?		T					
Does your child speak English as an Yes No additional language?		Yes	No				
additional language?	If yes, please provide further information.						
additional language?							
additional language?							
additional language?							
	Does your child speak English as an	Yes	No				
If yes, please provide further information.	additional language?						
	If yes, please provide further information.						
Does your child have any allergies? Yes No	Does your child have any allergies?	Yes	No				
If yes, please provide further information.		103	110				
	in yes, prease provide farther information.						
Do your child take regular medication? Yes No		Yes	No				
If yes, please provide further information.	If yes, please provide further information.						
Medication Consent	Medication Consent						
Please indicate whether you give consent for the following	Please indicate whether you give consent for	the following					
		,					
Calpol Yes No							
Piriton Yes No		+					
Elastoplast Yes No	•						
Antihistamine Yes No							
Sun Cream Yes No	NO						
Photograph Consent Please indicate whether you give consent for the following							
riease malcate whether you give consent for the following	riease indicate whether you give consent for	the following					
Social Media (Facebook) Yes No	Social Media (Facebook)	Yes	No				
School Website Yes No		+					
Journals Yes No							
Media (Local) Yes No		Yes	No				
Media (National) Yes No	Media (National)	Yes	No				