

Pupil Information Form



Name of Pupil:		Address:	
Date of Birth:			
Provision to be accessed			
Two Year Old <input type="checkbox"/>		3/4 Year Old <input type="checkbox"/>	School Aged <input type="checkbox"/>
Parent 1 Name:		Parent 2 Name:	
Parent 1 Address:		Parent 2 Address:	
Parent 1 Phone Number:		Parent 2 Phone Number:	
Email address:		Email address:	
Emergency Contacts			
Name	Relationship to child	Telephone Number	
1.			
2.			
3.			
Password to be used when collecting child:			

Do you consider your child to have a disability?	Yes	No
If yes, please provide further information.		
Does your child have a SEN need?	Yes	No
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 have any allergies?	Yes	No
If yes, please provide further information.		
Do your child take regular medication?	Yes	No
If yes, please provide further information.		
Medication Consent 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
Photograph Consent Please indicate whether you give consent for the following...		
Social Media (Facebook)	Yes	No
School Website	Yes	No
Journals	Yes	No
Media (Local)	Yes	No
Media (National)	Yes	No

Signed..... Date

