## **Pupil Information**

Please complete both sides of this sheet



## **General information:**

Legal surname:		Forename(s):			
Date of birth:		Chosen name: (Pronunciation)			
Religion:			Ethnicity:		
			-		
Home language:			Country of Birth:		
			Nationality:	A COF	PY OF THE PUPILS PASSPORT OR
					TH THIS COMPLETED FORM.
			We are happy to t		opy for you if you can bring one of
Home address (including postcode)	:		the documents in	LO SCHOO	JI.
, ,					
Home telephone:			Contact email:		
Daniel for an alst offe					
Parent/carer details: Parent/carer name:			Relationship to child:		
raieny carer name.					
Occupation: Email:		Email:			
National Insurance number:			Date of birth:		
By providing this information you are agreeing to verification of Free School Meal eligibility.					
Home phone:			T		Work phone:
Parent/carer name:			Relationship to child:		
Occupation: Email:					
Home phone:			Mobile:		Work phone:
Emergency contact details (who	en pare	ent/carers ar	e non-contactable	·):	
Name:			Relationship to child:		
Home phone:	Mobile	e:	Work phone:		
Name:			Relationship to child:		
Home phone:	Mobile:		Work phone:		

Medical Information:	
Medical diagnosis:	Other medical conditions:
Known allergies:	Dietary needs:
Medical Practice:	Telephone number:
Address:	
Involved professionals:	
Name:	Service:
Contact details:	
Name:	Service:
Contact details:	
	T
Name:	Service:
Contact details:	
Any other relevant information (Court Orders LAC, etc.) that the school should be aware of:	

**DATA PROTECTION ACT 1998**: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of the data with the Local Authority and with the Department for Education.

Date:

Signed: