World's End Junior School Pupil Data Form

Child's name: ..... Date of birth: .....

Child's home address: .....

Post Code: .....

Ethnicity: ..... First Home Language: .....

Religious Affiliation: .....

PARENT ONE (MAIN CONTACT)

First name: ..... Last name: .....

Date of birth: ..... Email: ..... Parental responsibility YES <> or NO <>

Address: (if different from children) .....

Telephone – Home: ..... Work: .....

Mobile: .....

Parental Responsibility: Yes <> No <>

PARENT TWO

First name: ..... Last name: .....

Date of birth: ..... Email: ..... Parental responsibility YES <> or NO <>

Address: (if different from children) .....

Telephone – Home: ..... Work: .....

Mobile: .....

Parental Responsibility: Yes <> No <>

CONTACT 3 (EMERGENCY)

First name: ..... Last name: .....

Address: (if different from children) .....

Telephone – Home: ..... Work: .....

Mobile: .....

Relationship to Child: .....

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DOCTOR

GP name: ..... Telephone: .....

GP address: .....

Medical details (Asthma, diabetes, epilepsy etc):
.....

Allergies: .....

STUDENT SAFEGUARDING INFORMATION

Child's Name: ..... DOB: .....

Year Group: ..... Class Teachers Name: .....

SECURE PASSWORD: .....

Parent Name: ..... Date: .....

PLEASE NOTE THAT THIS INFORMATION WILL BE REQUESTED WHEN ANY OTHER ADULT REQUESTS TO COLLECT YOUR CHILD FROM SCHOOL.

SCHOOL MEAL INFORMATION

My child is entitled to Free Meals: YES <> No <> (Please tick)

My child will have: school meals Yes <> Sandwiches <> My child is Vegetarian <>

Dietary requirements (e.g. Allergies): .....

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