

Personal Details...

We won't request that you complete these forms on a yearly basis. Please inform us of any changes to personal or medical details.

Name of pupil: _____ **D.O.B:** __/__/____
Gender: _____
Address: _____

Contact details for correspondence; emails, texts and what's app group updates:

Contact number: _____ Name of contact: _____
Email address for our newsletter mailing list: _____

If an additional person wishes to be included in our correspondence (e.g other parent or a grandparent, please add details below)

Contact number 2: _____ Name of contact 2: _____
Email address for our newsletter mailing list: _____

Medical Details

Does the person named above have any medical conditions such as asthma, epilepsy, allergies, diabetes, heart disease, poor vision, hearing loss, or any learning difficulties that we should be made aware of? Yes*: No:

*If yes, please give details below, including any medications taken.

Other Details (Tick the appropriate box):

Is there anything else you would like us to know about the person named on this form, e.g. shy/anxious etc?? Yes*: No:

*If yes, please give details

Emergency Contact Details 1: (state 'as above' if appropriate)

Name: _____ Contact Number: _____
Relationship to pupil: _____

Emergency Contact Details 2: (state 'as above' if appropriate)

Name: _____ Contact Number: _____
Relationship to pupil: _____