

Grange Park Primary School
Confidential Pupil Information Form

Dear Parents/Carers

Would you please supply us with the following information, which is essential, should we need to contact you during school hours. **Please write clearly using capital letters – this information is important.** Please complete a separate form for each child.

SURNAME CLASS

FIRST NAMES OF CHILD MALE / FEMALE

DATE OF BIRTH

NAME OF SIBLING(S) AT GRANGE PARK

ADDRESS

..... POST CODE.....

HOME TEL. NO.

MOTHER'S TITLE FIRST NAME SURNAME

MOTHER'S EMAIL

ADDRESS (If different from above)

MOTHER'S MOBILE NO WORK NO

FATHER'S TITLE FIRST NAME SURNAME

FATHER'S EMAIL

ADDRESS (If different from above)

FATHER'S MOBILE NO WORK NO

Grandparent/Friend/Neighbour who would be willing to be responsible for your child should you be unavailable. This should be someone who is available during school hours.

CONTACT 1
RELATIONSHIP TO CHILD

TELEPHONE NO.MOBILE NO.

CONTACT 2.
RELATIONSHIP TO CHILD

TELEPHONE NO.MOBILE NO.

Please turn over page

Should the above information change, please contact the school office for a new Contact Form.

It is very important that we have up-to-date information regarding your child's health. Please make a note of any relevant details, including any medication that is regularly used (i.e. asthma inhaler, epipen)

DOCTOR'S NAME

DOCTOR'S PRACTICE/SURGERY NAME

DOCTOR'S ADDRESS

DOCTOR'S TELEPHONE NUMBER

ANY MEDICAL ISSUES

ANY OTHER ISSUES

SCHOOL DINNERS OR PACKED LUNCH

In Year Admissions Only:

NAME AND ADDRESS OF PREVIOUS SCHOOL/NURSERY ATTENDED

.....

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Parent/Carer signatureDate

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