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Confidential Personal Records

Child's forename.....Surname.....

Middle names.....Chosen name (known as).....

Child's date of birth.....Male/female.....

Child's address.....

Postcode.....Home telephone No.....

Email.....

Full names of parents/guardians.....

Father's/mother's home address if different from child's above

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Mother's work telephone No.....Mobile.....

Father's work telephone No.....Mobile.....

Contact Information

This information is required should you child be ill at school. **The child's home telephone number will always be tried first but please give a MINIMUM OF TWO other contact numbers in priority order.** These can be childminder, relative, friends, neighbours etc.

1. Full name.....Number.....

Relationship to child.....

2. Full name.....Number.....

Relationship to child.....

3. Full name.....Number.....

Relationship to child.....

4. Full name.....Number.....

Relationship to child..... **PTO**

Previous school/nursery/playgroup.....

Telephone No.....

Ethnicity.....Home language.....

Religion.....

Transport to school i.e. walk, car, bus.....

Family doctor.....

Address.....

Telephone No.....

Medical conditions.....

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Dietary needs.....

I give/do not give permission for the school to seek emergency medical advice or treatment if necessary.

Signed Parent/Guardian.....Date.....