

Dear Parent/Guardian of

**IT IS ESSENTIAL THAT THE SCHOOL HAS UP TO DATE INFORMATION** - please fill out this form and return to the school office as soon as possible. If you have any questions please call the office on: 01522 702669

Student Details		Current Address	Updated Address
First Name:	Surname:		
DOB:	Gender:		
Year:	Form:		
Ethnicity:	Religion:		
First Language:			

Contact Details							
Priority	Title	First Name	Surname	Relationship	Phone(s)/Email	Address Same as Pupil?	Permission to Take Home?
					Telephone: Email:		
					Telephone: Email:		

Contact Details for <u>Doctor</u>					
	Title	First Name	Surname	Relationship	Phone
Current:				Doctor/GP	

  

Surgery Address					
	Surgery Name	Street	Town	County	Postcode
Current:					

Medical Conditions / Allergies for				
Condition / Allergy	Critical (Yes/No)	Emergency Action	Medicine Held by Pupil (Yes/No)	Notes (Additional Comments)

<p><b>Please add any additional information you wish to share with the school including special dietary requirements or allergies or whether your child is eligible for free school meals.</b></p>

Signed \_\_\_\_\_

As a school we hold data for the purposes of education management and school improvement only, and only for those purposes necessary to provide the service explicitly offered by our school. We adhere strictly to the terms of the Data Protection Act 1998 and any future amendments or applicable legislation, such as General Data Protection Regulation (2018). You have the right to withdraw consent at any time, please contact the School Office if you wish to do so.

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