

Welburn Community Primary School
PUPIL DETAILS AND PARENTAL CONTACT DETAILS

*PLEASE COMPLETE AND RETURN THIS FORM TO THE SCHOOL OFFICE.
ANY CHANGES SHOULD BE NOTIFIED TO SCHOOL IMMEDIATELY. THANK YOU*

Full Name of Child.....

Name known as Date of Birth of Child

Full Name of First Parent/Carer

Relationship to Child Parental Responsibility Yes/No

Address Post Code

Home Phone Number Work Number.....

Mobile Number Email Address

Full Name of Second Parent/Carer

Relationship to Child Parental Responsibility Yes/No

Address Post Code

Home Phone Number Work Number

Mobile Number Email Address

IN CASE OF AN EMERGENCY - Name and contact number:-

1st Priority contact

2nd Priority contact

Details of person(s) other than parents/guardians authorised to pick-up

Name..... Relationship.....

Contact Telephone Number

Name..... Relationship.....

Contact Telephone Number

PLEASE TURNOVER - CONTINUED OVERLEAF

DAILY SCHOOL PICK UP ARRANGEMENTS

Please circle to indicate the usual pick-up arrangements:

Parent Relative Dedicated school bus Taxi Childminder

MEDICAL DETAILS

Name of Doctor Telephone Number

Practice Address.....

Permission to call Doctor YES/NO (Please circle)

Permission to administer First Aid YES/NO (Please circle)

Name of Dentist Telephone Number

Practice Address

Permission to call Dentist YES/NO (Please circle)

Please give details of any allergies or illness and regular medication taken

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ETHNICITY: Please circle to indicate your child's Ethnicity below:-

White British White Irish Any other White Background Mixed - White and
Black Caribbean White and Black African Asian Chinese or Any Other

First language

The Welburn Weekly school newsletter is produced each Friday. ** Delete as appropriate*

*Please send a paper copy

*Please send to email address

Details of Nursery/Playgroup attended

Form completed by: Name **Signed**

Dated.....

