

# PLEASE COMPLETE AND RETURN TO CLASS TEACHER

## DANEGROVE PRIMARY SCHOOL - PUPIL INFORMATION SHEET

AUTUMN TERM 2015

### PUPIL INFORMATION

PUPIL  
NAME .....

CLASS ..... DATE OF  
BIRTH .....

HOME  
ADDRESS .....

.....

POST CODE ..... HOME TELEPHONE  
NUMBER .....

### PARENT/CARER INFORMATION

MOTHER .....  
FATHER .....

MOBILE .....  
MOBILE .....

WORK .....  
WORK .....

### EMERGENCY CONTACT(S) Please provide at least one other emergency contact

1. NAME ..... RELATIONSHIP TO  
PUPIL .....

ADDRESS .....

.....

HOME TELEPHONE NUMBER .....  
MOBILE .....

ADDITIONAL NUMBER .....

2. NAME ..... RELATIONSHIP TO  
PUPIL .....

ADDRESS .....

.....

HOME TELEPHONE NUMBER .....

MOBILE .....

ADDITIONAL NUMBER .....

**PLEASE SEE OVERLEAF**

**DOCTOR**

NAME .....

ADDRESS .....

.....

.....

.....

TELEPHONE NUMBER .....

**PARENT OR GUARDIAN NOT LIVING WITH PUPIL**

NAME ..... RELATIONSHIP TO

PUPIL .....

ADDRESS .....

.....

.....

.....

HOME TELEPHONE NUMBER .....

MOBILE .....

WORK NUMBER .....

**EMAIL address(s) at which you would like us to forward the Newsletter**  
**(Please use Capital Letters)** My email address can be used by the PTA **yes /**  
**no**

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**ANY ADDITIONAL INFORMATION**

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**MEDICAL INFORMATION - Allergies, Asthma, etc**

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**My Child is a Vegetarian    yes / no**

**NAME OF PERSON COMPLETING  
FORM** .....

**SIGNED** .....

**DATE** .....