

Pupil Information Sheet 2018 to 2019

Name	
Date of Birth	
Address	
Postcode	

Class		Year	
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Details of all persons with parental responsibility and anyone (in order) to be contacted in an emergency

Priority No	Name	Relationship to pupil	Home Address	Mobile number	Land line number
1					
2					
3					

Ethnic Data

Ethnicity	First Language	Home Language	Country of Birth	Nationality	Religion

Medical Information

Doctor's Name	
Practice Address	
Medical Conditions	
Prescribed Medication	
Known Allergies	

PARENTAL CONSENT FOR:

Local Visits:

I give permission for my child to go out on local visits whilst they are attending Strand Primary Academy

Yes _____ No _____ (please tick)

Photographs in School:

I give permission for my child to be photographed whilst taking part in school activities and for photographs to be used to promote the work of the school.
Children's full names are not published.

Yes _____ No _____ (please tick)

Assistance in School:

I give permission for the school to share information about my child with other agencies to support their learning (e.g. The Learning and Cognition Team)

Yes _____ No _____ (please tick)

Signed: _____ (parent/carer)

Date: _____

To be completed by Admin Dept

Date SIMS Updated

Initials