

INGRAVE JOHNSTONE C OF E PRIMARY SCHOOL - PUPIL DATA COLLECTION FORM

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CHILD'S BIRTH CERTIFICATE MUST BE SEEN

A. CHILD SURNAME: _____

CHILD FIRST NAME(S): _____

GENDER: _____ (M/F) DATE OF BIRTH: _____ (dd/mm/yyyy)

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

TOWN: _____

COUNTY: _____ POST CODE: _____

HOME TELEPHONE: _____

MOBILE: _____ EMAIL: _____

B. ETHNIC ORIGIN _____ RELIGION: _____

FIRST LANGUAGE: _____ HOME LANGUAGE: _____

LAC: Y/N SERVICE CHILD: Y/N

C. FULL NAME OF PARENT/GUARDIAN/S (INCLUDING TITLE MR / MRS / MISS)

1. _____ PARENTAL RESPONSIBILITY Y / N

2. _____ PARENTAL RESPONSIBILITY Y / N

D. Name and address of any other person who is a parent of the pupil, but does not have custody: _____

E. Details of all persons with parental responsibility and others whom you wish to be contacted in an emergency

PARENT / OTHER CONTACT NAME	RELATIONSHIP TO PUPIL	ADDRESS	DAYTIME EMERGENCY TELEPHONE NUMBER
1.			
2.			
3.			

F. Name of Doctor: _____ Address: _____

Telephone: _____

Medical Conditions: (i.e. Asthma) _____

G. NAMES AND ADDRESSES OF PREVIOUS SCHOOLS ATTENDED Dates Attended

H. Signature of Parent/Guardian: _____ Date: _____