**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 ...............................................................................................................................

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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 ..........................................................................................................................................

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

ADDITIONAL NUMBER ..........................................................

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

ADDRESS .........................................................................................................................................

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

ADDITIONAL NUMBER ..........................................................

**PLEASE SEE OVERLEAF**

**DOCTOR**

NAME ...................................................................

ADDRESS ...............................................................................................................................

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TELEPHONE NUMBER ..............................................

**PARENT OR GUARDIAN NOT LIVING WITH PUPIL**

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

ADDRESS ............................................................................................................................

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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 .................................