

RIBCHESTER ST WILFRID'S C OF E VOLUNTARY AIDED PRIMARY SCHOOL**PUPIL DATA COLLECTION FORM****PUPIL PERSONAL INFORMATION**

LEGAL SURNAME		DATE OF BIRTH	___ / ___ / ____
LEGAL FORENAME		PREFERRED FORENAME	
MIDDLE NAME(S)		GENDER	Male / Female
HOME ADDRESS Including post code			

PARENT INFORMATION

*Please indicate at which address(es) the pupil normally resides (i.e. sole or shared residency) using the tick box

MOTHER

TITLE		FORENAME		SURNAME	
PARENTAL RESPONSIBILITY	Yes / No				
HOME ADDRESS * <input type="checkbox"/> Including post code					
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
EMAIL ADDRESS					

FATHER

TITLE		FORENAME		SURNAME	
PARENTAL RESPONSIBILITY	Yes / No				
HOME ADDRESS * <input type="checkbox"/> Including post code					
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
EMAIL ADDRESS					

If there is any other person who can be deemed a 'parent' (e.g. step parent or parent's partner) please provide their details below, indication if they have 'parental responsibility'.

TITLE		FORENAME		SURNAME	
PARENTAL RESPONSIBILITY	Yes / No	RELATIONSHIP TO CHILD			
HOME ADDRESS * <input type="checkbox"/> Including post code					
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
EMAIL ADDRESS					

CONTACT INFORMATION – IN PRIORITY ORDER Attach an extra sheet if necessary.

Please provide below the names of at least two people who can be contacted by school in an emergency, underlining the main contact number. (This may be a repeat of information from overleaf).

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD:					

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD:					

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD:					

MEAL TYPE (please circle one only) School Meal (free to all infants) Free School Meal Packed Lunch

Any special dietary requirements _____

MEDICAL INFORMATION – Attach an extra sheet if necessary

NAME OF DOCTOR:		NAME AND ADDRESS OF PRACTICE:	
MEDICAL CONDITIONS:			

MODE OF TRAVEL (one most often used): Car / Walk / Cycle / Other _____ (please specify)

ETHNICITY: _____ **RELIGION:** _____

IS ENGLISH THE CHILD'S FIRST LANGUAGE? YES / NO - IF NO PLEASE SPECIFY _____

PREVIOUS NURSERY / SCHOOL INFORMATION – IF APPLICABLE (use extra sheet if necessary)

Previous Nursery, School etc					
From:	/	/	To:	/	/

Any additional information the school should know.	
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Signature: _____ Date: _____
Name (please print) _____ Relationship to child: _____