



Administrative Information



It is essential this information is completed and returned to the school as soon as possible.

Personal Information

Pupil Name: _____ DOB: _____

Emergency contact: _____ Phone Number: _____

Parent e-mail: _____

Baptismal certificate: Yes No

Medical Information

Please provide details of any medical conditions school should be aware of (e.g. glasses, asthma etc.):

Please provide details of any allergies your child has:

Language Information

Child's home language: _____

Other languages spoken at home: _____

Agency Support

Please give details of any agencies supporting your child (e.g. Speech and Language, Social Work, Health Visitor):
