

# GLEBE PRIMARY SCHOOL

## Pupil Information Form

All Information will be treated as confidential

**PLEASE PRINT CLEARLY &  
COMPLETE ALL SECTIONS**

### Childs Information

Surname		Date of Birth	
Forename		Country of Birth	
Gender	Girl / Boy (please circle)	Nationality	
Address		Telephone Number	
		Email Address	
Postcode		Child's Previous School	

### Parents Information

We are required to record the names and addresses of every person who has parental responsibility for the child under the Children Act.

Parent(s)/Legal Guardian(s) with whom the child lives

Name & Title		Address	
Relationship	Mother/Father/Guardian (please circle)	Tel:	
		Email:	

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Name & Title		Address	
Relationship	Mother/Father/Guardian (please circle)	Tel:	
		Email:	

### Other Emergency Contacts

Please give as many contact numbers as possible – Please specify relationship to child i.e. Aunt, Uncle, childminder, neighbor etc

Name & Title & Relationship to child		Tel:	
Name & Title & Relationship to child		Tel:	
Name & Title & Relationship to child		Tel:	

### Medical Information

Child's Doctor: (Name and Address)	Medical Conditions you feel we should be aware of: (please circle)	
	Asthma	Hayfever
	Any known allergies	
	Other (please specify)	
Tel		

### Special Educational Needs

Does your child have any Special Educational Needs?	YES / NO (please circle)
If YES (please specify)	

