

PUPIL DETAILS FORM



The information requested is being collected under the Education (Pupil Registration) Regulations 2006. Under the provisions of the Data Protection Act 1998, it will be used only for the purpose of pupil administration, will be held securely and will only be disclosed to staff in the school or to Somerset Local Authority or to the Department of Education where there is a right of access, or where this is appropriate. If a disclosure elsewhere becomes necessary, we will contact you before doing this. When no longer required, it will be handled in a manner appropriate to its sensitivity and the necessary regulations.

Pupil Details

Legal Surname*		Preferred Surname	
<i>*Legal Surname is the name that appears on the pupil's birth certificate. Please supply relevant supporting evidence for any legal name change.</i>			
Legal Forename**		Preferred Forename	
<i>**Legal Forename is the name that appears on the pupil's birth certificate. Please supply relevant supporting evidence for any legal name change.</i>			
Middle Name(s)		Date of Birth	
Gender-M/F		Admission Date	
Pupil's Address			

Contact Information – Please give details of all persons who have Legal Parental Responsibility. If there are more than two persons with Legal Parental Responsibility, please provide the required information in the General Information box at the end of the form. (For a definition please refer to the GOV.UK website and search for Parental Rights and Responsibilities).

	Contact/Priority1	Contact/Priority2
Name (for adults with legal parental responsibility)		
Relationship to Pupil		
Contact Address if different to pupil		
Contact Telephone Numbers	Home: Work: Mobile:	Home: Work: Mobile:
Contact in an emergency	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of any other adult to be contacted in an emergency	Name: Address: Relationship to child: Priority: Home Tel: Work Tel: Mobile:	

Medical information

Surgery Address including Post Code	
Telephone Number (including code)	()

Please give below information on medical conditions, allergies, drug sensitivity or regular medication.

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Please give below information on any special dietary needs?

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Most recent previous school – (including pre-school or nursery if applicable)

Name:	Address:	Phone:

Please list any siblings, giving dates of birth and address details

Sibling Name	Sibling Date of Birth	Sibling Address

General information

Please give below any other information which you feel might help the school to ensure the best interests of the pupil are met eg, if any Court Orders exist, if your child has any Special Educational Needs or if your child has any regular caring responsibilities (when did their caring role start?) etc

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Signature:

Date:

Print Name: