

**Grange Park Primary School**  
**Confidential Pupil Information Form**

Dear Parents/Carers

Would you please supply us with the following information, which is essential, should we need to contact you during school hours. **Please write clearly using capital letters – this information is important.** Please complete a separate form for each child.

SURNAME ..... CLASS .....

FIRST NAMES OF CHILD ..... MALE / FEMALE

DATE OF BIRTH .....

NAME OF SIBLING(S) AT GRANGE PARK .....

ADDRESS .....

..... POST CODE.....

HOME TEL. NO. ....

MOTHER'S TITLE ..... FIRST NAME ..... SURNAME .....

MOTHER'S EMAIL .....

ADDRESS (If different from above) .....

MOTHER'S MOBILE NO ..... WORK NO .....

FATHER'S TITLE ..... FIRST NAME ..... SURNAME .....

FATHER'S EMAIL .....

ADDRESS (If different from above) .....

FATHER'S MOBILE NO ..... WORK NO .....

**Grandparent/Friend/Neighbour who would be willing to be responsible for your child should you be unavailable. This should be someone who is available during school hours.**

CONTACT 1 .....

RELATIONSHIP TO CHILD.....

TELEPHONE NO. ....MOBILE NO. ....

CONTACT 2. ....

RELATIONSHIP TO CHILD.....

TELEPHONE NO. ....MOBILE NO. ....

Please turn over page

It is very important that we have up-to-date information regarding your child's health. Please make a note of any relevant details, including any medication that is regularly used (i.e. asthma inhaler, epipen)

DOCTOR'S NAME .....

DOCTOR'S PRACTICE/SURGERY NAME .....

DOCTOR'S ADDRESS .....

DOCTOR'S TELEPHONE NUMBER .....

ANY MEDICAL ISSUES .....

ANY OTHER ISSUES .....

SCHOOL DINNERS OR PACKED LUNCH .....

*In Year Admissions Only:*

**NAME AND ADDRESS OF PREVIOUS SCHOOL/NURSERY ATTENDED**

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Parent/Carer signature .....Date .....

Should the above information change, please contact the school office for a new Contact Form.