



Confidential Information

St James' CE Primary School

Pupil Data Form

Child's Information		
First Name:	Known Name:	
Legal Surname:	Male/Female:	
Date of Birth:	Home Telephone Number:	
Child's Home Address:		
Post Code:		
Parent/Carer Details Emergency contact 1	Title Mr/Miss/Ms/Mrs/Other:	
First Name:	Surname:	
Address if different from Child's:	Relationship to Child:	
Post Code:		
Mobile Telephone Number: Emergency contact 1	Work Telephone Number:	Email Address:
<small>*used for texting/school money</small>	<small>Days and hours worked</small>	<small>* Please print</small>
At St James' we use a texting and online payment system to send important messages to parents. We send messages to the mobile telephone number of Emergency contact 1 .		
Who should we address letters home to? Mr/Miss/Ms/Mrs/Mr & Mrs:	Occupation:	
Parental Responsibility Y/N		



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Parent/Carer Details 2		Title Mr/Miss/Ms/Mrs/Other:		
First Name:		Surname:		
Address if different from child's:		Relationship to Child:		
Post Code:				
Home Telephone Number:	Work Telephone Number:	Mobile Telephone Number:		
Email Address:				
To whom should we address letters home to? Mr/Miss/Ms/Mrs/Mr & Mrs:				
Parental Responsibility Y/N				
Emergency contact 3		Title Mr/Miss/Ms/Mrs/Other:		
First Name:		Surname:		
Address if different from above:		Relationship to Child:		
Post Code:				
Mobile Telephone Number:	Work Telephone Number:	Home phone Number:		
Sibling Details: Please give us details of any other children you have.				
	Surname:	Forename:	Date of Birth:	Current School:
1				
2				
3				
4				



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Medical Information

If your child suffers from any of the following conditions, please give details below (use a separate sheet if necessary):

- Asthma Eczema Epilepsy Diabetes Migraine
- Hearing Problems Eyesight Problems

My child has had MMR Vaccination: Yes No

Any known allergies:

Any other conditions:

Please give details of any medication, dietary or special needs that the School should be made aware of, use a separate sheet if necessary:

Has your child ever been referred to a hospital for treatment for conditions other than those detailed above?

Any other medical information:

Child's GP Information

Doctor's Name

Surgery Name:

Surgery Address:

Telephone Number:



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Please read the following statements and complete and sign below to confirm your understanding and agreement.

- I give permission for my child to be administered First Aid.

- I give my consent for my child to go on outings in the local community without prior notice; I understand that there will be adequate supervision during any outing.

- I give my consent for my child, when necessary, to have extra sun cream applied. If required this can be provided by the School.

- I have read and understood the School Behaviour Policy and I will support the school with its implementation.

- I will fully support the school in all areas and respect the professional judgement of all staff members.

- I give permission for my child to be photographed/recorded during the school day for display purposes.

Signed: _____ Date: _____
Parent/Carer