**PERSONAL INFORMATION SHEET 2023**

PLEASE COMPLETE IN FULL & IN CAPITAL LETTERS

**OTHER EMERGENCY CONTACTS**

1. FORENAME & SURNAME …………………………………………………….

 TELEHONE NO: ………………………………………………………………….

 RELATIONSHIP TO PUPIL………………………………………………...........

2. FORENAME & SURNAME……………………………………..…………….…..

 TELEPHONE NO:………………………………………………………………...

 RELATIONSHIP TO PUPIL…………………………………………..…………..

#### FATHER:

#### TITLE : ……………INITIALS & SURNAME………………………….….

SPECIMEN SIGNATURE ……………………………………………………………

ADDRESS IF DIFFERENT FROM ABOVE ………………………………………..

…………………………………………………………………………………………..

…………………………………………………………………………………………..

DAYTIME/WORK TELEPHONE NO: ………………………………………………

MOBILE ………………………………………………………………………………...

EMAIL ADDRESS ……………………………………………………………………

DO YOU HAVE PARENTAL RESPONSIBILITY? YES/NO

#### MOTHER:

#### TITLE : ……………INITIALS & SURNAME………………………….….

SPECIMEN SIGNATURE ……………………………………………………………

ADDRESS IF DIFFERENT FROM ABOVE ………………………………………..

…………………………………………………………………………………………..

…………………………………………………………………………………………..

DAYTIME/WORK TELEPHONE NO: ………………………………………………

MOBILE ………………………………………………………………………………...

EMAIL ADDRESS

DO YOU HAVE PARENTAL RESPONSIBILITY? YES/NO

**PLEASE SUPPLY INFORMATION TO THE SCHOOL UNDER SEPARATE COVER OF ANY DETAILS OF A CONFIDENTIAL NATURE E.G. LEGAL CUSTODY, RIGHTS OF ACCESS, OR SHOULD ANY PERSON (OTHER THAN THOSE MENTIONED ABOVE), HAVE PARENTAL RESPONSIBILITY.**

**Any such information will be dealt with in confidence.**

***Please bring an original Birth Certificate for copying.***

**Please supply any other information eg family background or learning issues which will help us support your child.**

#### PUPIL:

LEGAL FORENAME(S) ……………………………………………………………..

LEGAL SURNAME …………………………………………………………………..

PREFERRED FORENAME.......................................................................................................

DATE OF BIRTH ................................................. M / F ………………….

ADDRESS ……………………………………………………....................

…………………………………………………………………………………………..

……………………………………………… POSTCODE…………………………

TELEPHONE NO:……………………………………………………………………

**ETHNIC ORIGIN**

Please specify ……..…......................................................................................

**HOME LANGUAGE**

Please specify ………………………………………….……………...………........

English as additional language………………………..yes/no

**RELIGION**

Please specify ………………….………………………..…………………………..

**MEDICAL -**

NAME OF DOCTOR ……………………………………………………………

SURGERY…………………………………………………………………………

ADDRESS……………………………….………………………………………..

……………………………………………….......TEL:..……………………….…

MEDICAL INFORMATION – HEALTH/DIET/ALLERGIES/PROBLEMS WE SHOULD KNOW ABOUT?

…………………………………………………………………………..……………….

…………………………………………………………………………..……………….

…………………………………………………………………………..……………….

**PREVIOUS PLAYGROUP AND/OR NURSERY**

NAME……………………………………………………………………………………..

ADDRESS…………….………………………………. …………………………………

…………………………………………………………………………………………….

TEL: ………………………………………………………………………………………

DATES: FROM…………………………….. TO:…………………………….………

**BROTHERS/SISTERS CURRENTLY AT NEWDIGATE**

Name…………………………… CLASS ………………………………………….

Name…………………………… CLASS …………………………………………..

**TRAVEL TO SCHOOL – (PLEASE TICK)**

Car  Bus  Train  Walk  Taxi  Cycle 

**DINNER ARRANGEMENTS – (PLEASE TICK)**

School dinner  Packed Lunch 

Entitled to Free school dinners  (Further form ask at office)