**PLEASE COMPLETE AND RETURN TO CLASS TEACHER**

**HOLLY PARK PRIMARY SCHOOL - PUPIL INFORMATION SHEET**

**PUPIL INFORMATION**

PUPIL NAME .....................................................................................................................................

CLASS ................................................. DATE OF BIRTH ...................................................................

HOME ADDRESS ...............................................................................................................................

..........................................................................................................................................................

POST CODE ............................ HOME TELEPHONE NUMBER ...........................................................

COUNTRY OF BIRTH …………………………………………….. ETHNICITY ………………………………………………….

NATIONALITY ……………………………………………………….

**PARENT/CARER INFORMATION**

PARENT 1 ....................................................... PARENT 2 ....................................................................

MOBILE ........................................................ MOBILE .....................................................................

WORK .......................................................... WORK ......................................................................

**EMERGENCY CONTACTS Please provide two other emergency contacts**

**(please make sure that these contacts are happy to share their details with the school)**

**1**.NAME ........................................................ RELATIONSHIP TO PUPIL ........................................

ADDRESS ..........................................................................................................................................

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HOME TELEPHONE NUMBER ..................................... MOBILE .....................................................

ADDITIONAL NUMBER (e.g work)..........................................................

**2**.NAME ...................................................... RELATIONSHIP TO PUPIL .........................................

ADDRESS .........................................................................................................................................

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HOME TELEPHONE NUMBER ..................................... MOBILE .....................................................

ADDITIONAL NUMBER (e.g work)..........................................................

**PLEASE SEE OVERLEAF**

**PARENT OR GUARDIAN NOT LIVING WITH PUPIL**

NAME ...................................................... RELATIONSHIP TO PUPIL ...............................

ADDRESS ............................................................................................................................

............................................................................................................................................

HOME TELEPHONE NUMBER ................................. MOBILE ............................................

WORK NUMBER ..........................................

**EMAIL address(s) at which you would like us to forward the Newsletter**

**(Please use Capital Letters)**

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**ANY ADDITIONAL INFORMATION**

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**MEDICAL INFORMATION – Allergies, Asthma, etc**

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**NAME OF PERSON COMPLETING FORM** ...........................................................................

SIGNED ................................................................................. DATE .................................