

BASKERVILLE SCHOOL – PERSONAL INFORMATION SHEET

Student's full name _____ Date of birth _____

Home address _____

Post code _____ Home phone _____

Siblings (brothers/sisters)

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Ethnic origin of student _____ Religion _____

If English is an additional language please indicate first language:

Student _____ Parent/carer(s) _____

Main parent/carer name _____ Relationship to child _____

Mobile Phone _____ E-mail _____

Other parent/carer name _____ Relationship to child _____

Address if different to above _____

Mobile Phone _____ E-mail _____

GP details Name of Doctor _____

Address of surgery _____ Post code _____

Telephone Number _____

EMERGENCY CONTACT DETAILS

First contact

Name _____

Relationship to student _____

Telephone _____

Second contact

Name _____

Relationship to student _____

Telephone _____

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Social worker name (if any) _____ Telephone _____

Respite care provided (if any) at _____ Number of nights per week _____

Does your child have any of the following?

Asthma YES/NO Epilepsy YES/NO Wear glasses YES/NO Use hearing aids YES/NO

Any other medical condition (please state) _____

Does your child need to bring an inhaler to school? YES/NO

Does your child take regular medication YES/NO (If yes please fill out the separate drug information sheet)

Is the family in receipt of Income Support? YES/NO

Is your child entitled to free school meals? YES/NO

I hereby confirm that my child may take part in swimming and trampolining (with qualified supervision) as part of the normal curriculum.

I give permission for my child to take part in local off-site visits as part of their normal curriculum.

I also give permission for the use of still photography and video of my child for such purposes as the recording of progress and achievement, identification, staff training and displays within the school.

Signed _____ Parent/carer

Name (please print) _____

Date _____