

Pupil Emergency Contact Sheet



Pupil Surname: Forename:
Date of Birth: Class:

Address:

Post Code: Ethnicity..... Home Language.....
Religion..... First Language

Please provide a copy of your child's birth certificate, and baptismal if applicable, to the school office along with this sheet.

Mother's Details

Name:

Address:

Email Address:

Telephone Number(s)

Date of Birth:

National Insurance Number:

Father's Details

Name:

Address:

Email Address:

Telephone Number(s)

Date of Birth:

National Insurance Number:

Please circle or tick if relevant: Parents Separated/Divorced Sole Custody: Mother / Father Joint Custody

Emergency Contacts (Please supply two other contacts).

Name: Relationship to child:

Telephone Number(s)

Name: Relationship to child:

Telephone Number(s)

MEDICAL CONDITIONS/ DIETARY REQUIREMENTS/VEGETARIAN/ALLERGIES

Doctor's Name: Phone No:

Doctor's Surgery

CURRENT/PREVIOUS SCHOOL DETAILS	
Name and address of child's current or previous school:	Date last attended or state "still attending":
Reason for leaving:	

Does your child have an Education, Health and Care Plan (EHCP) or SEN Need?

Yes No

If your child has an EHCP you should not apply for them using this form. Please contact the Special Educational Needs department who issued the EHCP to discuss your request to transfer your child to another school directly with them.

Is this child a looked after child, previously looked after child or internationally adopted previously looked after child as explained below?

Yes No

A "looked after child" has the same meaning as in section 22(1) of the Children Act 1989, and means any child who is (a) in the care of the local authority or (b) being provided with accommodation by them in the exercise of their social services functions (eg children with foster parents) at the time of making the application to the school. A "previously looked after child" is a child was looked after but ceased to be so because he or she was adopted or became subject to a child arrangements order or special guardianship order and includes those children who appear (to the governing body) to have been in state care outside of England and ceased to be in state care as a result of being adopted.

CONSENT

Local Visit Permission

I give permission for my son/daughter to undertake the various local visits that may be arranged during his/her time at St Peter's Catholic Primary School. I understand that these do not require transportation by vehicle.

Signed (Parent/Carer)

Parent's Consent for Internet Access

I have read and understood the school rules for responsible Internet use outlined in the Acceptable Use Policy and give permission for my son / daughter to access the Internet. I understand that the school will take all reasonable precautions to ensure pupils cannot access inappropriate materials. I understand that the school cannot be held responsible for the nature or content of materials accessed through the Internet. I agree that the school is not liable for any damages arising from use of the Internet facilities.

Signed: (Parent/Carer) Date:

- THIS INFORMATION WILL BE USED FOR THE DURATION THAT YOUR CHILD ATTENDS ST PETER'S CATHOLIC PRIMARY SCHOOL.
- IF ANY CONTACT DETAILS OR INFORMATION CHANGES YOU MUST INFORM SCHOOL IMMEDIATELY.
- ALL PARENTS MUST FILL IN THE IMAGES AND VIDEO PARENTAL CONSENT FORM EACH ACADEMIC YEAR. THIS IS PROVIDED WITH THIS CONTACT SHEET, AND THEN AT THE START OF EACH ACADEMIC YEAR.
- IN LINE WITH OUR GDPR POLICY, WE WILL HANDLE YOUR DATA WITH CONFIDENCE.