

Dear Parent/Guardian of

IT IS ESSENTIAL THAT THE SCHOOL HAS UP TO DATE INFORMATION - please fill out this form and return to the school office as soon as possible. If you have any questions please call the office on: 01332 550178

Student Details		Current Address	Updated Address
First Name:	Surname:		
DOB:	Sex:		
Year:	Form:		
Ethnicity:	Religion:		
First Language:			

Contact Details							
Priority	Title	First Name	Surname	Relationship	Phone(s)/Email	Address Same as Pupil?	Permission to Take Home?
					Telephone: Email:		
					Telephone: Email:		

Contact Details for <u>Doctor</u>					
	Title	First Name	Surname	Relationship	Phone
Current:				Doctor/GP	
Surgery Address					
	Surgery Name	Street	Town	County	Postcode
Current:					

Medical Conditions / Allergies for				
Condition / Allergy	Critical (Yes/No)	Emergency Action	Medicine Held by Pupil (Yes/No)	Notes (Additional Comments)

Permissions	Y/N
Photographs - Use in all school newsletters, websites, DCC website and all other local media	
Off-site school trips/activities - receive first aid or urgent medical treatment	
Off-site school trips/activities - participation	
Passwords for Pupils - please include within notes column	
Twitter	
Internet / IT Agreement	
School Newsletters - Name and Photo	

<p>Please add any additional information you wish to share with the school including special dietary requirements or allergies or whether your child is eligible for free school meals.</p>

Signed _____

As a school we hold data for the purposes of education management and school improvement only, and only for those purposes necessary to provide the service explicitly offered by our school. We adhere strictly to the terms of the Data Protection Act 1998 and any future amendments or applicable legislation, such as General Data Protection Regulation (2018).

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