

PUPIL DATA ENTRY FORM

Holy Trinity Primary School, Crawford Street, Seaton Carew, Hartlepool, TS25 1BZ, Tel. 01429 266214

PUPIL INFORMATION

YEAR GROUP CLASS TEACHER

Legal Surname

Legal Forename

Middle Name(s)

Preferred Surname/Forename

Gender M/F

Date of Birth

Pupil's Home Address

Home Tel. No. :

Post code:
E-mail address:

FAMILY/HOME CONTACTS

PARENT/GUARDIAN - Contact Priority 1

Surname

Forename

Title

Home Address:

Post Code:

Home Tel. No.

Mobile Tel. No.

Work Tel. No.

Work Place

Relationship to Pupil (Mother/Father/Guardian etc.)

Parental Responsibility Yes/No

PARENT/GUARDIAN - Contact Priority 2

Surname

Forename

Title

Home Address:

Post Code:

Home Tel. No.

Mobile Tel. No.

Work Tel. No.

Work Place

Relationship to Pupil (Mother/Father/Guardian etc.)

Parental Responsibility Yes/No

Pupil resides with: (Mother/Father/Mother & Father/Guardian etc.)

My child will be collected from the school yard at the end of the day (including clubs)/main entrance if in "Seaton Crew" after school club unless other arrangements have been made in writing to the class teacher.

Parent's signature Dated.....

In an emergency the school will endeavour to contact the Parent/Guardian, and then the people listed below

ADDITIONAL CONTACTS

CONTACT 3

Surname	Forename	Title
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Relationship to Pupil (Mother/Father/Guardian etc.)	Parental Responsibility Yes/No
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Home Address:	Post Code:
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Home Tel. No.	Mobile Tel. No.
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Work Tel. No.	Work Place
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CONTACT 4

Surname	Forename	Title
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Relationship to Pupil (Mother/Father/Guardian etc.)	Parental Responsibility Yes/No
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Home Address:	Post Code:
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Home Tel. No.	Mobile Tel. No.
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Work Tel. No.	Work Place
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OTHER INFORMATION

Doctors Name:	Drs Tel. No.
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Doctor's Address

Medical Conditions

Ethnic Origin	Home Language	Religion
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Meal Arrangements:	Paid Meal	Free Meal	Packed lunch	Home
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Travel Arrangements:	Public transport	Walk	Car/Van	Car share	Cycle	Other
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Education History	School(s)	Date of Arrival	Date of Leaving	Reason for Leaving
