



**CARNFORTH CHRIST CHURCH CE PRIMARY SCHOOL
PUPIL DATA FORM**

Previous school (if any):

Surname: Forenames:

Date of Birth: Sex (M/F):

Child's Address:

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Post Code: Home Tel:

First Language:

Mother's Name: National Insurance No:

Mother's Date of Birth:.....

Mother's Address: (if different from above)

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Father's Name:

Father's Address: (if different from above. PLEASE ADVISE IF A DUPLICATE SCHOOL REPORT IS REQUIRED)

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EMERGENCY CONTACT (Priority 1) Normally a parent.

Name: Relationship to child:

Telephone Number(s):

Email Address.....

Daytime Address:

EMERGENCY CONTACT (Priority 2)

Name: Relationship to child:

Telephone Number(s):

Email Address.....

Daytime Address:

EMERGENCY CONTACT (Priority 3)

Name: Relationship to child:

Telephone Number(s):

Daytime Address:

Names of Sisters/Brothers and Dates of Birth:

Any family circumstances we need to be aware of?:

Family Doctor:

Surgery Address:

Tel. Number:

Medical Conditions (e.g Asthma, Diabetes, Allergies):

Problems with Vision and/or Hearing:

Existing Nursery/Playgroup:

Attended since:

Any other information you feel would be useful to your child's new teacher?
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ADDITIONAL INFORMATION – Please circle appropriate selections

Meals: Free Meal Packed Lunch

Ethnicity:

White-British White-Irish White-Traveller White-Gypsy/Roma Any other White

Mixed-White and Black Caribbean Mixed-White and Black African Mixed-White and Asian

Indian Pakistani Bangladeshi

Other.....

Religion:

Christian Hindu Jewish

Muslim Sikh No Religion

Other.....

Refused