



Please Attach
Recent Photo

KING'S WARRINGTON INFORMATION FORM

Pupil Details

Surname		First Name	
Other Names		Date of Birth	
Admission Date		Previous School	
Address		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
		Sibling	Name Year Group
Postcode			

Please give details of all persons who have parental responsibility and anyone else you wish to give as a contact. Place them in the order you wish them to be contacted.

1. Name:

Home Address:

.....

Home Tel. no:

Mobile Tel. no:

Work Tel. no:

Relationship:

Parental Responsibility: Yes No

Email Address:

2. Name:

Home Address:

.....

Home Tel. no:

Mobile Tel. no:

Work Tel. no:

Relationship:

Parental Responsibility: Yes No

Email Address:

3. Name:

Home Address:

.....

Home Tel. no:

Mobile Tel. no:

Work Tel. no:

Relationship:

Parental Responsibility: Yes No

Email Address:

Medical

Any medical needs (including allergies):

.....

Any prescribed medications:

.....

Doctor's name and address:

.....

.....

Doctor's Tel. no:

Dinner arrangements: Free School Meals School Dinner – Paid Packed Lunch Food Allergies

Any dietary requirements:

Travel to School: Bicycle Bus Car Taxi Train Walk

Ethnicity: First Spoken Language Religion:

Nationality:

Is either parent currently in any of the services? or

In receipt of a War Pension or Armed Forces and Reserved Forces Compensation Scheme Pension?

Yes No

Does your child have any specific learning needs? If so please give details:

.....

Name of organisations and/or other agencies/professionals involved with your child (e.g. Speech Therapist):

.....

.....

Any Other Additional Information

To help us understand and get to know your child are there any other details that you feel we need to know about?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Signed by: Relationship to child:

Date: