



St John's School

Pupil Information Sheet

Child's Legal Forename:			Child's Legal Surname:		
Child's Middle name(s):					
Child's Preferred Forename:			Child's Date of Birth:		
Gender:			Child's Social Security Number:		
Child's Home Address:					
Postcode:					
Please indicate who your child lives with: (Please circle)	Mother	Father	Mother & Father	Other: (please indicate)	If child lives with sole mother or father do they have contact with the other parent?
Mothers Name:			Mothers title : Miss/Mrs/Ms/Dr/Other:		
Mothers Home Address: <i>(if different from child's address)</i>				Home telephone:	
Postcode:				Mobile telephone number:	
Mothers Email Address:				Work telephone number :	
Mother's Place of Work:					
Fathers Name: (Name on child's Birth Certificate, please include this even if father does not have contact with child)					
Fathers Home Address: <i>(if different from child's address)</i>				Home telephone:	
<i>Postcode:</i>				Mobile telephone:	
Fathers Email Address:				Work telephone Number:	
Fathers place of work:					

Name of sibling(s):
 School Sibling(s) attend(s):

Please provide us with at least 2 additional people other than parents who we can contact in an emergency. This can be a Grandparent, family member or close friend.	Name:	Name:
	Telephone:	Telephone :
	Relationship to Child:	Relationship to child:

Child's Doctor's Name: _____ Doctor's Telephone number: _____
 Doctor's Address: _____

Please list any medical conditions or allergies school should be aware of. (This also includes asthma)

Please indicate your child's first language <i>(This is the language spoken to them at home since birth)</i> If English is not the first language, please select their understanding by circling one of the following:	New to English <input type="checkbox"/> Early acquisition <input type="checkbox"/> Developing Competence <input type="checkbox"/> Competent <input type="checkbox"/> Fluent <input type="checkbox"/> Not yet assessed <input type="checkbox"/>
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Name and address of previous school or Nursery attended.

Has your child/family received assistance from any outside agency. e.g. *CAMHS, SALT, Children's Service etc*
 Please give details:

I understand it is my responsibility as a parent/carer to ensure that the contact details held by the school are up to date and I agree to let the school know immediately of any changes.

Parent/Carer Name:

Signature: Date:

For office use only.

Former UPN: Birth Cert seen by: Date:

PR: