

# WEDMORE FIRST SCHOOL ACADEMY PUPIL DETAILS FORM



## **Pupil Details**

<b>Legal Surname**</b>		<b>Preferred Surname</b>	
<b>**Legal surname is the name that appears on the pupil's birth certificate. Please supply relevant supporting evidence for any legal name change.</b>			
<b>Legal Forename</b>		<b>Preferred Forename</b>	
<b>Middle Name(s)</b>		<b>Date of Birth</b>	
<b>Gender-M/F</b>		<b>Admission Date</b>	
<b>Pupil's Address</b>			

## **Contact Information – All Legal Parental Responsibility Holders MUST be listed, whether living with the pupil or not.**

For the definition of Legal Parental Responsibility, please refer to the Direct Gov website and the section on Parental Rights and Responsibilities. [www.direct.gov.uk/en/Parents/index.htm](http://www.direct.gov.uk/en/Parents/index.htm)  
Parents who would like a printed copy of this guidance should contact the school office.

	<u><b>Contact/Priority1</b></u>	<u><b>Contact/Priority2</b></u>
<b>Name (for adults with legal parental responsibility)</b>		
<b>Relationship to Pupil</b>		
<b>Contact Address if different to pupil</b>		
<b>Contact Telephone Numbers</b>	<i>Home:</i> <i>Work:</i> <i>Mobile</i>	<i>Home:</i> <i>Work:</i> <i>Mobile</i>
<b>E-mail Address</b>		
<b>Details of any other adult to be contacted in emergency</b>	<b>Name:</b> <b>Address:</b>  <b>Relationship to child:</b> <span style="float: right;"><b>Priority:</b></span> <b>Home Ph:</b> <b>Work Ph:</b> <b>Mobile:</b>	
<b>Details of any other adult to be contacted in emergency</b>	<b>Name:</b> <b>Address:</b>  <b>Relationship to child:</b> <span style="float: right;"><b>Priority:</b></span> <b>Home Ph:</b> <b>Work Ph:</b> <b>Mobile:</b>	

## **Medical information**

<b>Surgery Address including Post Code</b>	
<b>Telephone Number (including code)</b>	(            )

**Please give below information on disabilities, medical conditions, allergies, special dietary needs, drug sensitivity or regular medication.**

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**Has your child ever been referred to a specialist for problems with ears/hearing loss, speech or eyesight?**

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**Are there any possible hereditary conditions in your family such as dyslexia/dyspraxia/vision difficulties etc that you would like to share with us so that we are aware of these?**

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## **Most recent previous school – (including pre-school or nursery)**

<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>

## **General information**

**Please give below any other information which you feel might help the school to ensure the best interests of the pupil are met eg, if any Court Orders/shared contact arrangements that exist, if your child has any Special Educational Needs, and if your child has received an additional support from any other professionals which may be relevant.**

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**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***after leaving us, where there is a right of access. For further information please refer to the Privacy Notice published on our website.***