

Laxey School

Pupil Record Form

Legal Forename	
Middle Name	
Legal Surname	
Chosen/Preferred Name	

Gender		Ethnicity	
Date of Birth		Religion	
Home Language			

Pupil Address & Post Code	
Home Telephone	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency and place them in the order that you wish them to be contacted.

Parent/ Guardian	Name		Relationship	
			Home Tel	
	Address		Mobile	
			Work Tel	
			Email	

Parent/ Guardian	Name		Relationship	
			Home Tel	
	Address		Mobile	
			Work Tel	
			Email	

3rd Emergency Contact	Name and relationship to child		Home Tel	
			Mobile	
			Work Tel	

4th Emergency Contact	Name and relationship to child		Home Tel	
			Mobile	
			Work Tel	

Name of Medical Practice	
Address and Post Code	
Telephone Number	

Medical Conditions	
Dietary Requirements	

Previous School Name	
Address and Post Code	
Telephone Number	
Dates attended	From/...../..... To/...../.....

If there is an older brother or sister in this school, please give the name and date of birth of the next oldest child only:	
Name	
Date of Birth	

Signature	
Name	
Date	

Data Protection Act 2002: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of the data with the Department of Education and Children.

Office use	
Birth Certificate seen	
Catchment area evidence seen	