



**HOOLE ST MICHAEL CHURCH OF ENGLAND  
PRIMARY SCHOOL  
INFORMATION DATA FORM**

It is important that the school always has up to date information about pupils.

Please complete the form for us and return to school as soon as possible.  
If any information changes, it is the responsibility of parents to inform school and request a new form to complete

PREVIOUS SCHOOL, NURSERY (stipulate full-time or part-time) or PLAYGROUP (stipulate full-time or part-time).  
(please indicate number of terms spent there)

SURNAME

FORENAME(S)

USUAL FORENAME USED

DATE OF BIRTH            /            /

ADDRESS

POSTCODE

HOME TELEPHONE NO:

FULL NAMES OF PARENTS:

EMERGENCY CONTACT (1)

NAME

RELATIONSHIP TO CHILD

TEL:-

DAYTIME ADDRESS:

EMERGENCY CONTACT (2)

NAME

RELATIONSHIP TO CHILD

TEL:

DAYTIME ADDRESS:

OTHER EMERGENCY CONTACTS.

If there is any other information about emergency contacts which you feel may be useful to the school, please write below. Thank you.

FAMILY DOCTOR

NAME

ADDRESS

TEL:

MEDICAL CONDITIONS/ALLERGIES/ETC

Please notify us of any medical conditions which we ought to know about. Thank you.