

Drumhillery Primary School Pupil Information Form

(Please complete the information required below)



Pupil Details

Surname _____ Forename _____ Middle name _____

Chosen name _____ Legal surname (if different) _____

Gender _____ Date of birth _____

Address _____

Post code _____ Home ☎ _____ Mobile ☎ _____

Please give details below of **all persons who have parental responsibility** and anyone else you wish to be contacted in an emergency.

Contact Details

Father/Guardian (delete as appropriate)

Name _____ Address _____

_____ Post Code _____

(if different from pupil)

Daytime ☎ _____ Mobile ☎ _____

In emergency contact this person _____ (first, second, third)

Mother/Guardian ((delete as appropriate)

Name _____ Address _____

(Mrs/Miss/Ms)

_____ Post Code _____

(if different from pupil)

Daytime ☎ _____ Mobile ☎ _____

In emergency contact this person _____ (first, second, third)

Contact Person (other than Parent/Guardian)

Name _____ Relationship to Pupil _____

(Mr/Mrs/Miss/Ms)

(eg Granny, Neighbour etc)

Address _____ Post Code _____

Daytime ☎ _____ Mobile ☎ _____

In emergency contact this person _____ (first, second, third)

Travel Arrangements

Please tick as appropriate

Bicycle Bus Walk Car Taxi Other

Additional information(if required): _____


Meal Arrangements

Please tick as appropriate

School Dinners Home Packed Lunch

Additional information(if required): _____

Doctor Details

Name _____ Surgery _____  _____

Any specific medical condition/allergies _____

My child has a Personal Medical Care Plan (Delete as appropriate) Yes/No

Ethnicity (White etc) Home Language

Religious denomination (eg Church of Ireland, Presbyterian, etc)

Brothers or sisters attending Drumhillery Primary School

Name _____ Class _____

Name _____ Class _____

Name _____ Class _____

Signed _____ Date _____
(Parent/Guardian)

The information supplied by parents/pupils may be shared with other educational bodies including the Department of Education.