



# NEW PUPIL DATA CHECKING SHEET



SURNAME: .....

FORENAME: .....

Other Name(s): .....

Date of Birth: ..... Gender: Male/Female

Address: .....

Post Code .....

E-mail address .....

Home Telephone no: ..... Mobile: .....

Position in family:  (i.e.First/Second/Third child)

Please complete in order of priority the Contact details requested below in case of illness or an emergency. Please also ensure your details are correct.

1) Name:.....

Home address: .....

Home Tel.no: .....

Daytime Tel.no: .....

Relation: ..... Parental Responsibility: \*YES/NO

2) Name:.....

Home address: .....

Home Tel.no.: .....

Daytime Tel.no: .....

Relation: ..... Parental Responsibility: \*YES/NO

Doctor: .....

Address: ..... Tel.no: .....

Travel to School: Bus: Yes/No Car: Yes/No Walk: Yes/No Cycle: Yes/No

\*\*Name/Address/Tel.no. of Previous School (\*\*where applicable):

.....  
..... Telephone no: .....

E-mail address .....

