

PUPIL CONTACT FORM – ST RAPHAEL’S CATHOLIC PRIMARY SCHOOL

Please complete fully and return one form per child attending St Raphael’s Primary School.

Pupil Name:	
Year Group:	
Date of Birth:	
Home Address:	
Home Telephone:	
Religion:	
Ethnic Group:	

Parent/Guardian 1:			
Home Address:			
Mobile Telephone:		Email:	
Place of Work:			
Work Telephone:			

Parent/Guardian 2:			
Home Address:			
Mobile Telephone:		Email:	
Place of Work:			
Work Telephone:			

Please list any siblings in school, including their year group:

Please list any person/s who will collect your child other than the parent/guardian listed above:

Emergency Contacts – Please complete fully with full name, contact number and relationship to the child:	
Contact 1:	
Contact 2:	
Contact 3:	

School Communications Service – Please provide contact details for text, email and SchoolMoney service:	
Mobile Number:	
Email Address 1:	
Email Address 2:	

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Medical Information - please complete fully and give details where necessary:	
Name of Doctor:	
Practice Address:	
Practice Telephone:	
Does your child take any regular medication?	
Does your child have a diagnosed medical condition which school need to be aware of?	
Does your child have any medical needs which could require emergency intervention? e.g. Epipen etc	

Additional Support - Does your child have any special educational needs which school need to be made aware of?

Parent/Guardian Consent (please place a tick in the box for yes or a cross for no):	
	I give permission for my child to attend and participate in educational visits at St Raphael’s Catholic Primary School.
	I give permission for my child to attend swimming lessons (KS2 – Year’s 3 to 6 only) at St Raphael’s Catholic Primary School.
	I give permission or my child’s photograph to be published on the St Raphael’s Catholic Primary School website, twitter page and in school literature and in local press coverage.
	I give permission for videos/footage of my child to be posted on YouTube/Twitter to support teaching and learning in school e.g. maths demonstrations, part of the school blog.

SCHOOL OFFICE USE ONLY:			
Date received:		Received/Processed by:	
Pupil data input /updated on SIMS record as provided on this form:			
Where medical/SEN needs identified passed onto lead first aider/SEN for follow up (please note who handed over to date): _____			
Where Asthma identified pupil added to Asthma Register and information sent home (please note date information sent): _____			