

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:	This contact will get text messages and emails and will receive payment requests.
Parent Name:	
Home Address:	
Mobile Telephone:	
Email:	
Place of Work:	
Work Telephone:	

Parent/Guardian 2:	This contact will receive emails and notifications of payment requests.
Parent Name:	
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:	

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Communications Services:

The priority 1 contact will receive text messages and emails from Teacher2Parents and have full access to the online payment system, SchoolMoney. The priority 2 contact will only receive emails from Teachers2Parents and email notifications from SchoolMoney.

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 for 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.

**Permissions for class communication e.g. Tapestry, Seesaw are managed separately*

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): _____