

**REDDIFORD PUPIL INFORMATION FORM  
IF YOU MOVE OR CHANGE CIRCUMSTANCES, PLEASE INFORM US IMMEDIATELY**

**(If details remain unchanged, please fill in your child's name, date of birth, sign and date page overleaf, tick box and return to the School Office). If in doubt please submit a completed form.**

Name of Pupil ..... Date of Birth .....

Child's Home Address .....

.....Post Code ..... Tel No .....

First Language ..... Country of residence ..... Religion .....

Ethnic origin ..... Nationality ..... Birthplace .....

**Mother's Name** ..... Mother's Address (if different from above)

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Post Code ..... Home Tel .....

Mobile No..... Work No .....

**Father's Name** ..... Father's Address (if different from above)

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Post Code ..... Home Tel. No .....

Mobile..... Work No .....

**Details of 2 more emergency contact numbers in case of illness or accident:**

Name	Telephone/mobile number	Relationship to child
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1. ....	.....	.....
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2. ....	.....	.....
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All correspondence will be addressed to both parents unless otherwise stated. Please give details:

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Email address(es): .....  
(for ParentMail/Information/Billing – please state preferred email if appropriate)

Vehicle Registration Nos .....

Details of brothers/sisters. Please also indicate if they are currently attending Reddiford:

1.	Name .....	Date of Birth .....
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2.	Name .....	Date of Birth .....
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*(please continue overleaf)*

HEALTH FORM

Name of Pupil ..... Date of Birth .....

Doctor's Name..... Telephone No .....

Surgery address .....

Immunisations (please give dates):

Last Tetanus..... Polio ..... Diptheria/Tetanus/Pertussis .....

HiB ..... Meningitis C ..... MMR .....

Please give details of any serious illnesses or other conditions, which may affect the general health of your child.

Has he/she had any serious illness or operation? (please give details)?

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Does he/she suffer from the following? If YES, state medication required:

Asthma .....

Epilepsy .....

Diabetes .....

Eczema .....

**Anaphylactic allergy? If yes, please give full details, re Epi-pen held (2 required) or Piriton syrup etc.**

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Any other allergic conditions (including antibiotics etc) .....

Are any regular medications taken? .....

Are glasses or contact lenses worn? .....

Any other relevant information .....

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I agree to my child receiving medication as instructed and to any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present.

Signed by ..... (parent/guardian) Dated .....

**Please return this form to the School Office as soon as possible.  
For Health and Safety reasons this form MUST be provided for every child in school.**