



Janvrin School

Pupil Information Sheet



Child's Legal Forename:		Child's Legal Surname:	
Child's Middle name(s):			
Child's Preferred Forename:		Child's Date of Birth:	
Gender:		Child's Social Security Number:	
Child's Home Address:			Postcode:
Please indicate who your child lives with: (Please circle)	Mother	Father	Mother & Father
Other: (please indicate)			
Mother's Name:			
Mother's title : Miss/Mrs/Ms/Dr/Other:	Home Address: <i>(if different from child's address)</i>		Postcode:
			Home Telephone:
	Email Address:		Mobile Number:
Mother's Place of Work:		Telephone Number :	
Father's Name:			
Home Address: <i>(if different from child's address)</i>		Postcode:	
			Home Telephone:
	Email Address:		Mobile Number:
Father's Place of Work:		Telephone Number:	
Name of sibling(s):			
School Sibling(s) attend(s):			

Please provide us with at least 2 people we can contact in an emergency. This can be a family member or close friend.	Name:		Name:	
	Telephone:		Telephone :	
	Relationship to Child:		Relationship to child:	
Child's Doctor's Name:		Doctor's Telephone number:		
Doctor's Address:				
Please list any medical conditions or allergies school should be aware of. (This also includes asthma)				
Name and address of previous school or Nursery attended.				
Has your child/family received assistance from any outside agency. e.g. <i>CAMHS, SALT, Children's Service etc</i>	Please give details:			
Emergency School closure permission.	<p>If the school needs to close in an emergency e.g. snow closure, children in Foundation, KS1 & Lower KS2 (Year 3 & 4) will need to be collected by an adult. Please name who will collect your child: <input type="text"/></p> <p>For children in upper KS2 (Year 5 & 6) please indicate which option you would like for your child by ticking one box:</p> <p>Walk to a friend or relative: <input type="checkbox"/></p> <p>Remain at school until collected: <input type="checkbox"/></p> <p>Walk home alone: <input type="checkbox"/></p>			
DVD Permission	On occasions in school we may show films or parts of films with PG rating, these will have been checked by staff prior to viewing for suitability. Please indicate your permission by ticking the <input type="checkbox"/> box.			
Please indicate your child's first language: (This is the language spoken to them at home since birth)		If English is not the first language, please select their understanding by circling one of the following:	No English Limited English Orally Fluent Competent	
<p>I understand it is my responsibility as a parent/carer to ensure that the contact details held by the school are up to date and I agree to let the school know immediately of any changes.</p> <p>Parent/Carer Name: _____ Signature: _____ Date: _____</p>				
