FULFEN PRIMARY SCHOOL
Leading the way to a brighter future

FULFEN BEFORE AND AFTER SCHOOL CLUB

Please complete the details requested on this form and return to Fulfen Primary School. The details given will be electronically stored and only used to support necessary administration processes in the school office.

PUPIL DETAILS

Surname:……………………………………… Legal Surname……………………………………………………

Legal Forename……………………………Preferred Forename…………………………………Middle Name(s)……………………………

Date of Birth (dd/mm/yyyy) ……………………………………. **Gender**: Male ☐ Female ☐

Home Address:………………………………………………………….

………………………………………………………. **Postcode**……………………………….

Child class is in at present ☐ Tick if EYFS Child (Early Years) ☐

Ethnicity……………………… First Language………………………………… Religion………………………………………

Medical Details
Name of Medical practice……………………………………………….. Phone Number…………………………………………….

Address……..

Details of any Medical Conditions……………………………………………………………………………………….

About your Child

Please detail any additional/special needs your child has…………………………………………………………………………

Please detail any dietary requirements / food allergies………………………………………………………………………..

Is there anything your child doesn't like (food, games etc) or has concerns about?………………………………………………

What are your child's favourite activities?……………………………………………………………………………

PARENT/CARER DETAILS

Please give details of ALL persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please fill in all the details and place them in the order that you wish for them to be contacted in an emergency.

	Name in Full	Relationship to Pupil	Legal Parental Responsibility Y/N	Home address if different from the Pupil	Phone Numbers
1	Mr/Mrs/Miss/Ms				Home: Mobile: Work:
2	Mr/Mrs/Miss/Ms				Home: Mobile: Work:
3	Mr/Mrs/Miss/Ms				Home: Mobile: Work:
4	Mr/Mrs/Miss/Ms				Home: Mobile: Work:

Whom does the child live with? (Please circle)

Both Parents   Mother only   Father only   Foster parents   Other (please state)

You can have up to five email addresses added to your child's details. Please list these below.

1……..

2……..

3……..

4……..

5……

Memorable password for someone other than a parent collecting your child…………………………………………………

Signed…………………………………………………………….…**Parent/Carer**   **Date**…………………………………..

Data Protection Act 1988: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect information and keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE