



BARNARD GROVE PRIMARY SCHOOL

Headteacher: **Mr. L. Walker** | Deputy Headteacher: **Miss J. Thompson**

Pupil Data Form

By law, we must hold contact information for parents/carers. We also like to contact you by text message to communicate key information.

As only one mobile number can be used for our text messaging service, please indicate, below, the number you are giving permission for us to use. You have the right to withdraw consent at any time (by ringing the School Office). Consent remains valid for the time your child is in school unless it is withdrawn.

Please complete and return the form to your child's Class Teacher as soon as possible.

SURNAME:	FORENAME:
MIDDLE NAME(S):	CHOSEN NAME:

DATE OF BIRTH:	GENDER:
-----------------------	----------------

HOME ADDRESS:

YEAR GROUP:	CHILD'S TEACHER:
DATE OF ADMISSION TO PRESENT SCHOOL:	
PREVIOUS SCHOOL (S):	

PERSONAL DETAILS

NATIONALITY:	RELIGION:
ETHNIC ORIGIN:	FIRST LANGUAGE:





BARNARD GROVE PRIMARY SCHOOL

Headteacher: **Mr. L. Walker** | Deputy Headteacher: **Miss J. Thompson**

PARENT/GUARDIAN (1)

TITLE:	SURNAME:	FORENAME:
RELATIONSHIP TO PUPIL:		
HOME ADDRESS:		
PHONE NUMBER:	MOBILE NUMBER:	
WORK/OTHER PHONE NUMBER:		
MOBILE NUMBER TO BE USED FOR TEXT MESSAGING: Yes / No		
EMAIL ADDRESS:		

PARENT/GUARDIAN (2)

TITLE:	SURNAME:	FORENAME:
RELATIONSHIP TO PUPIL:		
HOME ADDRESS:		
PHONE NUMBER:	MOBILE NUMBER:	
WORK/OTHER PHONE NUMBER:		
EMAIL ADDRESS:		

USUAL TRAVEL ARRANGEMENTS (CIRCLE ONE)

CAR / PUBLIC TRANSPORT / WALK / TAXI



Barnard Grove | Hartlepool | Cleveland TS24 9SD
Tel: **01429 230300** | Email: **admin.barnardgrove@school.hartlepool.gov.uk**





BARNARD GROVE PRIMARY SCHOOL

Headteacher: **Mr. L. Walker** | Deputy Headteacher: **Miss J. Thompson**

MEAL ARRANGEMENTS (CIRCLE ONE)

PAID MEAL / FREE MEAL / PACKED LUNCH / HOME

MEDICAL INFORMATION

PRACTICE NAME, ADDRESS & PHONE NUMBER:

MEDICAL CONDITIONS:

EMERGENCY CONTACTS

NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE NUMBER/S: HOME:	PHONE NUMBER/S: HOME:
MOBILE:	MOBILE:
WORK/OTHER:	WORK/OTHER:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:

SIGNATURE: **DATE:**



Barnard Grove | Hartlepool | Cleveland TS24 9SD
Tel: **01429 230300** | Email: **admin.barnardgrove@school.hartlepool.gov.uk**

