



Danylan, Aberkenfig, Bridgend. CF32 9AB.

Telephone No. 01656 815515

e-mail: admin@strobertscps.bridgend.cymru Web Site: www.strobertscath.co.uk

Pupil Information

When completing this form, please use block capitals and complete all sections.

Pupil Information

Legal Surname	Preferred Surname
Forename(s)	Preferred Forename
Middle Name(s)	Date of Birth
Address	
	Post Code;

Emergency Contacts

Please give details of persons school can contact in the case of an emergency

Parent/Guardian Contact 1

Parental Responsibility Yes/No

Name	Relationship to pupil
Mobile Tel No.	Home/Work Tel No.

Parent/Guardian Contact 2

Parental Responsibility Yes/No

Name	Relationship to pupil
Mobile Tel No.	Home/Work Tel No.

Contact 3

Name	Relationship to pupil
Mobile Tel No.	Home/Work Tel No.

Contact 4

Name	Relationship to pupil
Mobile Tel No.	Home/Work Tel No.

Medical Information

Doctor's Name	Surgery Tel No.
Surgery Address	
Does your child take regular medication? Please note the medication.	Yes/No
Please list any medical conditions that the school should be aware of, including allergies and dietary requirements ie asthma, nut allergy etc	
<i>Please note you are required to complete a separate form for medication to be stored or administered at school.</i>	

Signature of Parent/Guardian _____

Please print name _____

Date _____

Your Data

The information on this form will be used for the purpose of pupil administration, but may be used for the wider purpose of the provision of education services.

For further information please refer to our privacy notice on our school website.