## PRESCOT COUNTY PRIMARY SCHOOL HOME/ SCHOOL LINK FORM

SURNAME	LEGAL SURNAME		
FORENAME	MIDDLE NAME		
Date of Birth	Gender M / F		
Class			
YOUR CONTACT DETAILS:			
Mother's full name			
Father's full name			
Carer's name (if different from the above)			
Home Address:			
Devit On dev			
Post Code:	<del></del>		
Telephone numbers:			
<b>\A/</b> I -	Mobile		
Work			
L IIIdii duuless.			
EMERGENCY CONTACT DETAILS:			
Please give details of all persons who have parental responsibility			
and anyone else you wish to be contacted in an emergency.			
Place them in the order you wish them to be contacted in an emergency.			
CONTACT 1.			
Name			
A ddrace			
Telephone numbers			
Relationship to child			
00174070			
CONTACT 2.			
Name			
Telenhone numbers			
Relationship to child			

CONTACT 3.

Name \_\_\_\_
Address \_\_\_
Telephone numbers \_\_\_
Relationship to child \_\_\_\_\_

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## **INFORMATION ABOUT YOUR CHILD:**

Name and address of family do	octor	
	Telephone No:	
-	ricting physical activities in school?	
If YES, please specify		
Has your child had any of the f	following illnesses? If so, at what age	?
Diabetes Asthma	Epilepsy Fits/ convulsions _	
Other conditions? Please spec	cify	
Does your child have any allerg	gies?(eg: food, medicines)	Yes/ No
Does your child have any spec	ial dietry needs?	Yes/ No
Does your child wear glasses? Does your child have a hearing Does your child have a speech	g problem? YES/ NO	
Is your child on a long term co	urse of medication?	
How does your child usually tra	avel to school?	
What is your child's religion?		
What is your child's ethnic bac	kground?	
What language is spoken at ho	ome?	
Is there any other information v	we need to know?	
Signed	Date	

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF.