

**PRESCOT COUNTY PRIMARY SCHOOL  
HOME/ SCHOOL LINK FORM**

<b>SURNAME</b>		<b>LEGAL SURNAME</b>	
<b>FORENAME</b>		<b>MIDDLE NAME</b>	
<b>Date of Birth</b>		<b>Gender</b>	<b>M / F</b>
<b>Class</b>		<b>Sibling in School</b>	

**YOUR CONTACT DETAILS:**

Mother's full name \_\_\_\_\_

Father's full name \_\_\_\_\_

Carer's name (if different from the above) \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone numbers:

Home \_\_\_\_\_ Mobile \_\_\_\_\_

Work \_\_\_\_\_

E mail address: \_\_\_\_\_

**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 \_\_\_\_\_

Address \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Relationship to child \_\_\_\_\_

**CONTACT 2.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Relationship to child \_\_\_\_\_

**CONTACT 3.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Relationship to child \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD:**

Name and address of family doctor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone No: \_\_\_\_\_

Are there any reasons for restricting physical activities in school? Yes/ No

If YES, please specify \_\_\_\_\_  
\_\_\_\_\_

Has your child had any of the following illnesses? If so, at what age?

Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Fits/ convulsions \_\_\_\_\_

Other conditions? Please specify \_\_\_\_\_

Does your child have any allergies?(eg: food, medicines) Yes/ No

If YES, please specify \_\_\_\_\_

Does your child have any special dietary needs? Yes/ No

Does your child wear glasses? YES/ NO

Does your child have a hearing problem? YES/ NO

Does your child have a speech problem? YES/ NO

Is your child on a long term course of medication? \_\_\_\_\_

How does your child usually travel to school? \_\_\_\_\_

What is your child's religion? \_\_\_\_\_

What is your child's ethnic background? \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

Is there any other information 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.**