

**Sherburn Primary School
Personal Details Form**



Child's Full Name _____

Date of Birth _____

Mother's/Guardians Full Name	Father's/Guardians Full Name
Address	Address (if different)
Postcode: Tel No: Mobile: Place of work & no:	Postcode: Tel No: Mobile: Place of work & no:
Email: Please tick if you wish to receive newsletters via email <input type="checkbox"/>	Email: Please tick if you wish to receive newsletters via email <input type="checkbox"/>

We need the names and telephone numbers of three people we can contact if your child is ill or has an accident - these should include yourself if you are first point of contact. We will contact people in the order listed.

Name	Relationship	Home Tel No	Mobile No	Work Tel No

Name and address of family doctor

Religion _____

Any medical issues we should be aware of
