

Confidential
Essential Information Amendment

Barr Beacon
School

PUPIL DETAILS (please print)

*THIS SECTION **MUST** BE COMPLETED FULLY*

Surname (Legal):

First name(s):

Male/Female:

Date of Birth:

Tutor Group:

Address (inc. postcode):

Telephone no:

FAMILY DETAILS (please print)

*PLEASE COMPLETE **RELEVANT** SECTIONS TO BE AMENDED*

Please specify below the order in which you would like to be contacted in the case of an emergency with regard to your child:

1st _____ 2nd _____ 3rd _____
4th _____ 5th _____

Father

Mother

Any other person with responsibility for the child as identified by the courts:

Surname:

Surname: (Mrs/Miss/Ms)

Surname:

Forname:

Forname:

Forname:

Address (inc. postcode):

Address (inc. postcode):

Address (inc. postcode):

Home telephone no:

Home telephone no.:

Home telephone no.:

Mobile telephone no:

Mobile telephone no:

Mobile telephone no:

E-Mail:

E-Mail:

E-Mail:

Father's employer:

Mother's employer:

Employer:

Work's telephone no:

Work's telephone no:

Work's telephone no:

Foster Carers / Looked After Child

Adopted YES / NO (please circle).

Please turn over

ADDITIONAL CONTACT

Name and telephone number of someone who would take responsibility for your child if neither parent/carer could be contacted.

Mr/Mrs/Miss/Ms:

Mr/Mrs/Miss/Ms:

Initial: Surname:

Initial: Surname:

Address:

Address:

Telephone no:

Telephone no:

Relationship:

Relationship:

Please give the following details of all brothers or sisters in this school:

Name:

Tutor group:

Name:

Tutor group:

There are occasions when children are photographed and filmed for use in newspapers, television or the school website. If you **do not** wish your child to be photographed/filmed please write to the Headteacher regarding this.

I give permission for my child's information to be amended.

Name: _____

Signed: _____

Date: _____

Please hand in to Reception to pass to the House Office.

For school use only:

<input type="checkbox"/> House PA	Signature _____	Date _____
<input type="checkbox"/> Head of House	Signature _____	Date _____
<input type="checkbox"/> Designated Safeguarding Officer	Signature _____	Date _____
<input type="checkbox"/> S. Edwards (amend CMIS)	Signature _____	Date _____
<input type="checkbox"/> Pupil file	Signature _____	Date _____