

**SACRED HEART CATHOLIC PRIMARY SCHOOL
DATA CHECKING SHEET – CHANGE OF DETAILS**

PUPIL DETAILS			
Child's Name		Class	
Child's Name		Class	
Child's Name		Class	
Child's Name		Class	
Home Address:			
Postcode:		Landline Telephone:	0161

Parent/Carer 1				
Full Name:	Mrs Miss Ms Mr Dr (other please specify)			
Do you have parental responsibility?	Yes	No	Relationship to child	
Address including postcode (if different to child):				
Landline Number:				
Work Phone:				
Mobile:				
Email Address:				
Parent/Carer 2				
Full Name:	Mrs Miss Ms Mr Dr (other please specify)			
Do you have parental responsibility?	Yes	No	Relationship to child	
Address including postcode (if different to child):				
Landline Number:	0161			
Work Phone:				
Mobile:				
Email Address:				

CONTACT DETAILS, OTHER THAN PARENTS, IN CASE OF EMERGENCIES

Emergency Contact 3	Full Name:	Mrs Miss Ms Mr Dr (other please specify)
	Landline Number	0161
	Mobile:	
	Address	
	Postcode	
	Relationship to Child / Family:	
Emergency Contact 4	Full Name:	Mrs Miss Ms Mr Dr (other please specify)
	Landline Number:	0161
	Mobile:	
	Address:	
	Postcode:	
	Relationship to Child / Family:	

PUPIL'S MEDICAL DETAILS

GP Name/Medical Practice	
Address:	
Phone:	

Is your child disabled?	YES	NO
Medical information (any allergies, current illnesses, e.g. Asthma, previous surgeries)		

FOR OFFICE USE ONLY

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