

Pupil Name _____ **Class** _____

Parents Contact Details

Name.....

Telephone No:

Email.....

Pupil Password

Emergency Contact/Permission to Collect Details (Password must be given)

1. Name.....

Telephone No:

Relationship to child.....

2. Name.....

Telephone Number

Relationship to child

Food Allergies _____

Dietary Requirements _____

Medical Conditions _____

Please advise a staff member if any of this information changes