

DOWNNS INFANT SCHOOL - PUPIL DETAILS

Forename	<input style="width: 95%;" type="text"/>	Surname	<input style="width: 95%;" type="text"/>
Date of Birth	<input style="width: 95%;" type="text"/>	Gender	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>		
Post Code	<input style="width: 95%;" type="text"/>	Home Tel.No.	<input style="width: 95%;" type="text"/>

Class	<input style="width: 95%;" type="text"/>	Year	<input style="width: 95%;" type="text"/>
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<u>Full Name of Mother</u>	Address if different from above
<u>Full Name of Father</u>	Address if different from above

Including parents please list in order of priority persons to be contacted in an emergency			
	Name & Address	Relationship	Daytime Phone / Mobile
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Medical Information	<div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <p style="text-align: center; margin-top: 10px;">(including allergies, asthma, excema)</p>
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Vegetarian

Yes	No
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Please indicate as appropriate