

**WIGHTWICK HALL SCHOOL**

**Tinacre Hill Compton Wolverhampton WV6 8DA**

**PUPIL INFORMATION**

PUPIL’S SURNAME ………………………………… FORENAMES……………………………..

DATE OF BIRTH ………………………………………………………………………………………

ADDRESS ……………………………………………………………………………………………..

…………………………………………………………………………………………………………..

………………………………… ………………………. POST CODE ……………………………..

TELEPHONE NO ……………………………………………………………………………………..

DAYTIME TELEPHONE NUMBER (If different) ……………………………………………………...

FULL NAME OF PARENTS/GUARDIANS (Delete as appropriate)

……………………………………………………………………………………………………………………………………

**CONTACT INFORMATION**

**Please detail below all persons who we can contact in case of an emergency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REL\*** | **NAME** | **HOME ADDRESS** | **HOME TEL NO** | **DAY TEL NO** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **\*PAR = Parent STP = Carer who is partner of a mother/father, living with child GRP = Grandparent**  **NGB = Neighbour FOS = Foster Carer REL = Other Relatives CON = Other Contact Persons** | | | | |

PREVIOUS SCHOOL …………………………………………………………………………………

COUNTRY OF BIRTH ………………………………………………………………………………...

ETHNIC ORIGIN ………………………………………………………………………………………

NATIONALITY …………………………………………………………………………………………

HOME LANGUAGE ………………………………………………………………………………….

RELIGION ……………………………………………………………………………………………...

NAME OF DOCTOR …………………………………………………………………………………..

ADDRESS ……………………………………………………………………………………………...

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TELEPHONE NO ……………………………………………………………………………………..

ANY OTHER DETAILS