



Venerable Bede Church of England Academy

Dayspring Trust



Tunstall Bank, Sunderland, SR2 0SX

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Headteacher: Mr D Airey (BSc Hons)

Executive Headteacher: Mrs G A Booth (BA Hons/M.Ed.)

DAI/MIB

5 July 2019

Dear Parent/Carer

Pupil Information Update

We are in the process of updating our Management Information System and would be grateful if you could complete the attached Pupil Information Form to ensure that the details we currently hold in school for your child are correct.

It is important that our information is kept up-to-date therefore, if your child has a medical condition or disability; please ensure that you provide us with the information in the appropriate section(s).

If they are required to take regular or emergency medication because of their condition(s) or disability, please enter all of these in the Medication section. Should you require more space or wish to provide us with any additional information regarding your child's medical condition(s) or disability, please continue on a separate sheet of paper.

Once you have completed the form, please sign it and **return to the School Office as soon as possible or by Friday 19 July 2019.**

Yours faithfully

Mr D Airey
Headteacher





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DATA COLLECTION FORM

Please complete this form using BLOCK CAPITALS only and return to the School Office by Friday 19 July 2019

Pupil Surname:	Year Group:	Tutor Group:
Pupil Forename:	Pupil Date of Birth:	Gender:
Pupils Middle Names(s):	Pupil Ethnic Origin:	
Pupil Address:	Pupil Religion:	
	Pupil 1st Language:	
	Pupil 2nd Language:	
Postcode:		
Parent/Carer Name 1st Contact:	Parent/Carer Name 2nd Contact:	
Relationship to Pupil:	Relationship to Pupil:	
Address: (if different to above)	Address: (if different to above)	
Postcode:	Postcode:	
Home Tel. No:	Home Tel. No:	
Work Tel. No:	Work Tel. No:	
Mobile Tel. No:	Mobile Tel. No:	
Email address:	Email address:	
Does this person have Parental Responsibility? YES / NO (please circle correct answer)	Does this person have Parental Responsibility? YES / NO (please circle correct answer)	
Any Additional Information:	Any Additional Information:	

It may be necessary to contact another relative/family friend if you are not available, for example if your child is ill or has an accident. Please give details of such contacts below.

Additional Emergency Contact Name:	Additional Emergency Contact Name:
Relationship:	Relationship:
Address:	Address:
Postcode:	Postcode:
Home Tel. No:	Home Tel. No:
Work Tel. No:	Work Tel. No:
Mobile Tel. No:	Mobile Tel. No:

Continued overleaf



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Additional Emergency Contact Name:	Additional Emergency Contact Name:
Relationship:	Relationship:
Address: Postcode:	Address: Postcode:
Home Tel. No:	Home Tel. No:
Work Tel. No:	Work Tel. No:
Mobile Tel. No:	Mobile Tel. No.

Family Doctor: Telephone No:	Surgery Address: Postcode:
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Any medical conditions:

Does your child require medication to be kept or administered in school? If so, please provide details:

Lunch Arrangements:
(Please tick one only)

School Meals
Packed Lunch
Free Meals

Transport Arrangements:
(Please tick)

Walk
Car
Public Transport
Bicycle (must have a padlock)

Name of Parent/Carer(s):

Signature of Parent/Carer(s):

Relationship to Pupil:

Date: