



Ribbon Academy Trust  
Barnes Road  
Murton  
Co Durham  
SR7 9QR  
0191 5175900

Mrs Ashleigh Sheridan (Head teacher)

### PUPIL CONTACT FORM

Full Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address including postcode \_\_\_\_\_  
\_\_\_\_\_

Main telephone number \_\_\_\_\_

Secondary telephone number \_\_\_\_\_

e-mail address \_\_\_\_\_

Child's previous School/Nursery \_\_\_\_\_

1<sup>st</sup> Parent/carer's full name \_\_\_\_\_

1<sup>st</sup> Parent/carer's address \_\_\_\_\_  
\_\_\_\_\_

\*1<sup>st</sup> Parent/carer's D.O.B. \_\_\_\_\_ \*1<sup>st</sup> Parent/carer's National Insurance Number \_\_\_\_\_

2<sup>nd</sup> Parent/carer's full name \_\_\_\_\_

2<sup>nd</sup> Parent/carer's address \_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Parent/carer's D.O.B. \_\_\_\_\_ 2<sup>nd</sup> Parent/carer's National Insurance Number \_\_\_\_\_

#### Person(s) with Parental Responsibility

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

**Is your child adopted (formerly a looked after child) and adopted on or after 30 December 2005?**

From April 2014, schools in England can receive the Pupil Premium for children adopted from care, or who left care under a Special Guardianship Order on or after 30 December 2005.

**Is there a Court Order in place?** (Please delete as appropriate) YES NO

**I understand that correspondence about events in school will be shared with all persons with PR.**  
(Please delete as appropriate) YES NO

**I will give consent for my child to attend trips and be administered medication as per your policy as I am the person with whom the child lives.**

(Please delete as appropriate)

**YES      NO**

**Child's Ethnicity** (e.g. White/British, Black Caribbean, etc) \_\_\_\_\_

**Home Language** \_\_\_\_\_

**Religion** \_\_\_\_\_

**Name and address of child's G.P.** \_\_\_\_\_

**Please provide details of any health problems, allergies, special needs or involvement with any outside agencies** (e.g. Speech Therapist, Physiotherapist)

\_\_\_\_\_

**Please provide details of any medication your child requires** (e.g epi-pen, inhaler etc)

\_\_\_\_\_

**Please indicate your child's preference for meal provision** (please circle) **School Meal or Packed Lunch**

**Emergency Contact Name & Number other than Parent/Guardian**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone number** \_\_\_\_\_

**I will inform school of any changes to the above information.**

**Signed** \_\_\_\_\_ **Parent/Carer. Date** \_\_\_\_\_

**\*This information is not statutory, however if you give permission for the Academy to use these details it can help secure much needed funding.**

**I do/do not give permission for my details to be used to apply for funding.**

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_