



ABBOTS FARM JUNIOR SCHOOL
Learners for Life
Farmers Forever
Ambitious, Healthy Bodies and Minds, Reflective,
Resilient

Abbotts Way, Rugby,
CV21 4AP
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CONFIDENTIAL INFORMATION FOR A REGISTER OF PARENTS AND SCHOOL RECORDS:

CHILD'S SURNAME:		CHILD'S FORENAME(S):	
PREFERRED FORENAME:		DATE OF BIRTH	
PREVIOUS SCHOOL:			
HOME ADDRESS:			
POSTCODE			
PARENTS / GUARDIANS:	Mothers name	Fathers name	Other: Please state relationship
PARENTS / GUARDIANS HOME ADDRESS – if different to child			
TELEPHONE CONTACT – to be used for texts and emergency contact			
EMAIL ADDRESS			
Other People to contact in Emergencies			
Name:	Relationship:	Telephone No:	Place & time of contact:
1:			
2:			
3:			
4:			
FAMILY DOCTOR'S NAME AND ADDRESS:			
<u>MEDICAL INFORMATION:</u>			
Allergies – please provide details:			
Medication to be available at school: (Additional form to be completed - available from office)			
Any other medical history of which we should be aware? (eg: uses spectacles, etc.)			
Religion		Home language	
Ethnicity		Place of birth	