



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

**Abbotts Way, Rugby,
 CV21 4AP**
Tel: 01788 576074
**Email:
 admin2421@welearn365.com**

REGISTER OF CONFIDENTIAL PUPIL INFORMATION

PUPIL DETAILS

Pupils Surname	Pupils First Name
Preferred Forename	DATE OF BIRTH – Please attach a copy of your child’s birth certificate.
Pupils Religion	Home Language
Ethnicity	Place of Birth
Pupils Previous School	
Pupils Home Address – please include post code.	
SIBLINGS? Have you previously had any other children attend AFJS? Please write their full name including surname and date of birth below.	
Mode of transport to school – please circle the one most used. Walk / Car / Bus / Cycle / Other	

EMERGENCY CONTACT DETAILS

1 st Contact Name and Relationship to Pupil	2 nd Contact Name and Relationship to Pupil
Contacts Home Address – 1 st Contacts Home Address MUST be the same as the Pupil’s Home Address SAME AS PUPIL	Contacts Home Address
Mobile Telephone Number – to be used for TEXTS and PAYMENTS as well as emergency contact	Mobile Telephone Number – to be used for TEXTS and PAYMENTS as well as emergency contact
Email Address – to be used for payments and most school contact and news.	Email Address – to be used for payments and most school contact and news.

OTHER EMERGENCY CONTACTS

3 rd Contact Name and Relationship to Pupil	Telephone Number
4 th Contact Name and Relationship to Pupil	Telephone Number

MEDICAL

Family Doctors Name and Address
Medical Information – please provide details of any allergies or any other medical information we need to be aware of. Please provide copies of any diagnosis we may need to see. If your child requires medication in school please ask for an additional form from the Office.