

STUDENT CONFIDENTIAL



PLEASE COMPLETE AS ACCURATELY AS POSSIBLE
IN BLOCK CAPITALS. Thank you.

If you have any queries please do not hesitate to call the
Academy office on **0114 2310 221**

STUDENT DETAILS

Child's Forename: Sex: MALE/FEMALE
(Delete as Applicable)

Child's Middle Name/s:

Child's Legal Surname: Date of Birth:

Child's Preferred Surname:

Current Address:

Postcode: Previous School:

Brothers/Sisters currently attending Parkwood Academy:

PARENTAL/GUARDIAN INFORMATION & EMERGENCY CONTACT INFORMATION:
 Please indicate in the tick box who is the responsible parent/guardian. Please also include anyone else who has parental responsibility.
We are required by law to request this information.

Contact 1 (legal parent/guardian please)

Name: Relationship:
(Mr/Mrs/Miss/Ms)

Address: Postcode:

Home Telephone: Mobile No. Work/Day time Telephone:

Contact 2

Name: Relationship:
(Mr/Mrs/Miss/Ms)

Address: Postcode:

Home Telephone: Mobile No. Work/Day time Telephone:

Contact 3

Name: Relationship:
(Mr/Mrs/Miss/Ms)

Address: Postcode:

Home Telephone: Mobile No. Work/Day time Telephone:

THE ABOVE INFORMATION IS VITAL SHOULD YOUR CHILD BECOME ILL OR BE INVOLVED IN AN ACCIDENT OR NEED MEDICAL TREATMENT URGENTLY WHILE AT SCHOOL. PLEASE COMPLETE THE MEDICAL DETAILS OVERLEAF SO WE HAVE ACCURATE DETAILS OF YOUR CHILD'S NEEDS. **Please notify us of any changes of address and contact numbers immediately. Thank you.**

