



# Saint Paul's Catholic High School

## SAINT PAUL'S CATHOLIC HIGH SCHOOL ANNUAL UPDATE OF ESSENTIAL INFORMATION: SEPTEMBER 2017

Surname	Forename
Male/Female	
Address of Student	
Postcode	Date of Birth
Home Telephone	School Year
<b>DETAILS OF PARENTS/CARERS</b>	
TITLE: Mrs/Ms /Miss/ Dr.	TITLE: Mr/Dr.
Mother's name	Father's name
Address	Address
Post code	Post code
Telephone	Telephone
Work	Work
Mobile	Mobile
Email address	Email address
Emergency Priority 1 2 3 4	Emergency Priority 1 2 3 4
Do you have parental responsibility Y/N	Do you have parental responsibility Y/N
<b>CONTACTS OTHER THAN PARENTS - E.g. Grandparents, Auntie, etc.</b>	
Name	Name
Relationship	Relationship
Telephone	Telephone
Emergency Priority 1 2 3 4	Emergency Priority 1 2 3 4
<b>MEDICAL DETAILS</b>	
Doctors Name	Telephone
Medical Conditions ( <i>if any</i> )	
HOME LANGUAGE	RELIGION
NATIONALITY	COUNTRY OF ORIGIN
<b>PREVIOUS SCHOOL</b>	
How do you come to school walk, school bus, public bus, bike, car ?	
<b>ANY OTHER INFORMATION</b>	

**It is important to keep school updated with emergency information. Any changes to this form must be passed to the school office.**