



**ST. JOSEPH'S CONVENT P.S, EDWARD ST, NEWRY BT356AN**

**PUPIL INFORMATION RECORD**

**\* Please inform the school immediately if address or contact numbers change. This is very important as we operate text messaging to parents\***

**PLEASE USE BLOCK CAPITALS**

**Personal Information (pupil)**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

**(As per Birth Certificate unless name has been changed legally)**

Other Name(s) \_\_\_\_\_ Gender: \_\_\_\_\_

Address \_\_\_\_\_

Postcode: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Birth Certificate Submitted:

Religion: \_\_\_\_\_ Baptism Certificate Submitted

**Baptism Certificate is required if Baptised outside Newry Parish.**

Name of Church & Place of Baptism \_\_\_\_\_ *If applicable*

Nationality: \_\_\_\_\_ Home Language: \_\_\_\_\_

Date of arrival into Northern Ireland (*if applicable*) \_\_\_\_\_

Do you require an interpreter for meetings YES  NO

Has Pupil Moved from a previous school (name of school) \_\_\_\_\_

Has pupil previously being registered with a Sure Start Programme: Yes  No:

Has pupil previously attended a Sure Start Development Programme for 2-3 yrs olds Yes  No:

**PARENTAL INFORMATION (parents/guardians)**

**(see over the page for priority contacts)**

**Name of Mother/Guardian:** \_\_\_\_\_

Address if different from pupil: \_\_\_\_\_

Daytime Telephone Number : Work \_\_\_\_\_ Mobile: \_\_\_\_\_

**Name of Father/Guardian:** \_\_\_\_\_

Address if different from pupil: \_\_\_\_\_

Daytime Telephone Number : Work \_\_\_\_\_ Mobile: \_\_\_\_\_

**EMERGENCY CONTACT IN ORDER OF PRIORITY (e.g mother, father, grandparent, family relative or friend)**

(1) Name \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

Relationship To Pupil: \_\_\_\_\_

(2) Name \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

Relationship To Pupil: \_\_\_\_\_

(3) Name \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

Relationship To Pupil: \_\_\_\_\_

(4) Name \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

Relationship To Pupil: \_\_\_\_\_

*It is important that the person you nominated is known to your child ,is willing to accept her/him and that you have made them aware they are a listed contact.*

**Brothers/Sisters/ half brothers/ half sisters already attending this school**

Name(s) \_\_\_\_\_ Class Teacher(s) \_\_\_\_\_

**Medical Information**

Doctor's Name \_\_\_\_\_ Tel. Number \_\_\_\_\_

Specific Medical Problems (e.g Asthma, Diabetes etc.) \_\_\_\_\_

Allergies: e.g nut, dairy etc \_\_\_\_\_

**A Care Plan must be completed if your child requires medication in school. Please see Miss McMahon.**

**Is there any food which your child is not allowed?** \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**School Use**

Date of Admission:

Year Group: