

# Blanchelande Girls' College

Pupil's Surname:..... Full Christian Names:.....

Name to be used in school, if different ..... Position in family .....  
 (e.g. abbreviations)

Address: ..... Date ..... of ..... Birth: .....

..... Post ..... Code: .....

..... Religion: .....

Name of Father/Guardian

Name of Mother/Guardian

Mr.....  
 (Christian Name) (Surname)

Mrs/Ms.....  
 (Christian Name) (Surname)

Address (if not as above)

Address (if not as above)

Telephone Number:.....

Telephone Number:.....

E-mail address (Optional) .....

E-mail address: (Optional).....

Mobile No: .....

Mobile No: .....

Parents/Guardians are asked to notify the school in writing of care and control or custody arrangements

In case of emergency, please indicate below which Parent/Guardian should be contacted during school hours.

First Contact (Name): .....

Second Contact (Name): .....

Place of work/contact:.....

Place of work/contact:.....

Contact No: .....

Contact No: .....

If unable to contact the above, please give a contact number of two other persons:

	<u>Name</u>	<u>Relationship</u>	<u>Tel. No.</u>
1.	.....	.....	.....
2.	.....	.....	.....

Last school attended: .....

Name of Family Doctor .....

Surgery:..... Telephone No: .....

Does your child have any medical conditions of which the school should be aware? If YES, please give details:

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Usual travel arrangements: (Please tick the appropriate box)

- Bicycle       Lift       Walks       Bus  
 Student's own Car Reg. No.....       Student's own Motorbike Reg. ....

Signature of Parent/Guardian .....

**IT IS OUR INTENTION TO REVIEW THE ACCURACY OF THIS INFORMATION ANNUALLY, BUT WE WOULD ASK YOU TO LET US KNOW IMMEDIATELY IF THERE ARE ANY CHANGES TO THE ABOVE DETAILS.**