



SUMMERCOURT ACADEMY

School Road - Summercourt
Newquay, TR8 5EA - 01726 – 860551
secretary@summercourtacademy.org

Breakfast Club & Allsorts – After School Club

CONFIDENTIALITY: The information given below will be maintained on the school's data base to which no unauthorised person shall have access and will be subject to strict control under the Data Protection Act.

Name of Parent/s

Section A - Basic Pupil Details

Legal Forename: Legal Surname

Middle Name(s): Preferred Surname:

Preferred Forename: Date of Birth:

Gender: *Male/Female*

Previous Surname:

Brothers/Sisters (including half/step brothers and sisters)
Please list in age order any siblings who are currently at this school.

Surname	Forenames	Gender

Pupil Address

Postcode: House Number/Name:

Street: Town/City:

Tel: Home/Mobile:..... E-mail:.....

CONTACT DETAILS

Contact 1

Name:.....Relationship.....Telephone.....

Contact 2

Name:.....Relationship.....Telephone.....

Contact 3

Name:.....Relationship.....Telephone.....

Pupil Medical Information:

Medical Practice:

Practice Address:

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Telephone:

Doctor's Name:

- Dietary Needs: Artificial colouring allergy
(if applicable) Gluten Free
 Kosher foods only
 No dairy produce
 No nuts of any type/quantity
 No pork
 Ramadan
 Seafood allergy
 Vegetarian

Emergency Medical Consent:

Medical Conditions/Information: Please include details of any allergies/medical conditions e.g. asthma, and medications regularly taken. (If you require more space please give full details on a separate sheet).
If none, please state NONE.

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NOTES OR COMMENTS