



# LORENDEN PUPIL RECORD

*(Please complete and return to the School Office)*

Pupil First Name(s) ..... Pupil Surname ..... M/F: .... DOB:.....

Home Address .....

.....

Home Phone ☎..... Email address .....

Lives at home with ..... Sibling first names .....

Who has legal contact: .....

Father First Name ..... Father Surname .....

Father address *(if different from Home Address)* ..... Father Mobile ☎.....

..... Father Work ☎ .....

..... Father Occupation .....

Mother First Name ..... Mother Surname .....

Mother address *(if different from Home Address)* ..... Mother Mobile ☎.....

..... Mother Work ☎ .....

..... Mother Occupation .....

1<sup>st</sup> Emergency Contact *(other than above)*

2<sup>nd</sup> Emergency Contact *(other than above)*

Name ..... Name .....

☎..... ☎.....

GP Name & Address .....

GP ☎.....

Medical Conditions .....

Medicines Required .....

Entry Term: Michaelmas/Lent/Summer 20.....

Previous School .....