

# Pontypridd High School

## Ysgol Uwchradd Pontypridd

Albion Community Campus, Cilfynydd, Pontypridd, RCT, CF37 4SF

Headteacher/Prifathro: Huw Cripps

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Dear Parent/Guardian

### Pupil Contact Information

We are currently in the process of updating all the personal contact information we hold in respect of pupils. This information is essential should we need to contact you regarding any school matter and it is vital that schools hold correct information for your child, in case they have to contact you in an emergency.

Please complete the attached sheet and return it to the school as soon as possible. Your child can return the form to his/her form tutor or to Mrs Long in Reception.

Thank you for your assistance in this matter.

Yours sincerely

*N Pickens*

Miss N Pickens  
Pupil Standards Support Officer



*'Learning and achieving together' 'Dysgu a chyflawni gyda'n gilydd'*



# PONTYPRIDD HIGH SCHOOL

## PUPIL CONTACT INFORMATION

TO BE COMPLETED BY PARENT/GUARDIAN

Please complete this form in BLOCK CAPITALS and return to the school as soon as possible.

NB: Information held is covered by the Data Protection Act and is kept strictly confidential.

### PUPIL'S DETAILS

Full Name .....

Reg Group: ..... DOB: .....

Address: .....

..... Postcode: .....

### PARENT/GUARDIAN'S DETAILS

#### CONTACT 1:

Full Name: Mr/Mrs/Miss/Ms: .....

Address: .....

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

Home Tel No: ..... Mob Tel No.: .....

Work Tel No: ..... Email Address: .....

Relationship to Child: .....

#### CONTACT 2:

Full Name: Mr/Mrs/Miss/Ms: .....

Address: .....

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

Home Tel No: ..... Mob Tel No.: .....

Work Tel No: ..... Email Address: .....

Relationship to Child: .....

### OTHER EMERGENCY CONTACT:

#### CONTACT 3:

Full Name: Mr/Mrs/Miss/Ms: .....

Address: .....

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

Home Tel No: ..... Mob Tel No.: .....

Work Tel No: .....

Relationship to Child: .....

**PLEASE CONTINUE OVERLEAF**

**NAMES AND DATES OF BIRTH OF ANY SIBLINGS ATTENDING THIS SCHOOL:**

Full Name: ..... DOB: .....  
Full Name: ..... DOB: .....  
Full Name: ..... DOB: .....

**MEDICAL CONDITIONS RELATING TO YOUR CHILD:**

Nature of condition: .....  
Relevant information relating to condition: .....  
.....  
.....

**DOCTOR'S DETAILS**

Name: .....  
Medical Practice: .....  
Address: .....  
.....  
Tel No: .....

**Please sign and date below to confirm all information given on this form is accurate:**

Signed: ..... (Parent/Guardian)  
Date: .....

**Please contact the school as soon as possible if any of the information above changes.**