

ST. PIUS X B.N.S - PUPIL UPDATE FORM

Dear Parents,

While we make every effort to ensure the safety of your child, we may need to contact you in the event of: (a) an accident or (b) an unexpected closing.

PUPIL'S CLASS & TEACHER: _____ (please print)

PUPIL'S NAME: _____

HOME ADDRESS: _____

PHONE NUMBER: _____ PUPIL'S P.P.S. NUMBER: _____

FATHER'S NAME: _____

WORK NUMBER: _____ Mobile No.: _____

MOTHER'S NAME: _____

WORK NUMBER: _____ Mobile No.: _____

ALTERNATIVE CONTACTS:

1. Name: _____

Address: _____

Phone: _____ Relationship: _____

2. Name: _____

Address: _____

Phone: _____ Relationship: _____

3. G.P. Name & No: _____

4. Are there any medical concerns we should be notified of? _____

5. Who normally collects your child from school? _____

6. Does your child go home from school by himself? _____

7. Has your child any brothers/sisters in the schools. (If Yes) Name: _____

Class & Teacher: _____

Please make the above arrangements clear to your child.

Dermot Lynch

PRINCIPAL.

PLEASE RETURN FORM IMMEDIATELY