

SIMS PUPIL DATA COLLECTION SHEET

(PLEASE WRITE OR TYPE IN CAPITAL LETTERS)

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(PLEASE WRITE OR TYPE IN CAPITAL LETTERS)			
Date of Entry:		House (if known):	
Previous School:			

Number:		^šµ vš[• D} Number:	
W Œ vš•[D } Numbers:	Mother:	Father:	Other:
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Please provide details of person(s) to be contacted when parents are not available

Emergency Contact 1

Name:

Relationship:

Emergency Contact 2

Name:

[Redacted]

CONSENT Indicate with: Y/N)

Are you willing for your son/daughter to participate in Sex Education