



Principal: Ms L Stanton

**GOSBERTON
HOUSE ACADEMY**



**UNIVERSITY OF
LINCOLN**

Email: enquiries@gosberton-house.lincs.sch.uk

PUPIL GENERAL CLASS INFORMATION

Pupil's Full Name.....

Address.....

Tel No:.....[Home] Emergency:.....

Name of Parent/Carer.....

Place of Work: Mother.....Tel: No.....

Place of Work: Father.....Tel:No.....

ANY HEALTH PROBLEMS

DOES YOUR CHILD HAVE OR REQUIRE THE FOLLOWING-PLEASE DELETE AS APPROPRIATE

Hearing or Vision Impairment: **YES / NO** Physiotherapy: **YES / NO**

Wear glasses: **YES / NO** Asthma: **YES / NO** Epilepsy: **YES / NO**

Left / Right Handed

Please state any health problems and any action required: NB The school can only respond to action supported by a medical officer

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Doctor's Name / Tel No:.....

Any other comments.....



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