

Wolverhampton City Council

# *Castlecroft Primary School*

*Headteacher: Mr A Dyll BA Hons*

Windmill Crescent, Castlecroft, Wolverhampton WV3 8HS

Tel: (01902) 556606 Fax: (01902) 556608 e-mail:

[office@castlecroft-pri.lpplus.net](mailto:office@castlecroft-pri.lpplus.net)

Dear Parents,

Please will you help us in updating the information we currently hold regarding your child. Enclosed is a data checking sheet and medical form. It is essential that we have up to date contact numbers. Occasionally children are unwell and it can be distressing for them and frustrating for us when we discover that we have old telephone numbers. Please will you check the information on the data checking sheet and add, delete or amend as necessary.

## **Contact details**

1. Please enter full name, address (**including post code**) and telephone number of contacts.
2. Please ensure that all information on parent/guardian details are correct - e.g. contact priority, nature of relationship, responsibility and legal orders.

It is very important that we always have up to date contact numbers in the event of an emergency.

The form should then be returned to school a.s.a.p. **even when no alterations have been made.**

We also enclose a medical form which we update every year. If your child has any medical condition of which we should be aware, or takes regular medication, please complete the form and return it to school. **We also keep an Asthma Register and need current information and medication on your child if they are asthmatic.**

From time to time we use images of the children at Castlecroft for promotional purposes such as the Prospectus and include some in our website. We will never attach children's names to the images and therefore do not anticipate any problems regarding safety. Our local newspaper often takes

photographs of the children too. Please complete the attached slip and return it to school a.s.a.p.

Thank you for all your co-operation in completing these many forms, but as always the safety of your child is of great importance to us here at Castlecroft.

Yours sincerely,

Mr A Dyall  
Headteacher

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**Data Protection**

Under the terms of the 1988 Data Protection Act I agree / do not agree to my child \_\_\_\_\_ in Year \_\_\_\_\_ having photos taken for publicity purposes eg Prospectus/Web Site.

Signed \_\_\_\_\_

Date \_\_\_\_\_.

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**Medical Form**

Child's Name \_\_\_\_\_ Year \_\_\_\_\_

**Any existing medical conditions?** YES  NO

If YES please give details:-

**Is any medication needed?** YES  NO

If YES please give details:-

**Where is medication kept?** With teacher

With child  At home