



The School at the Heart of Wales

TRANSFER INFORMATION

Personal, Home and Medical information to be completed by Parent

Surname:	
Other Names:	
Preferred Name: (How your child wishes to be referred to)	
Address:	
Previous School:	
Parents / Carer:	
Home Contact Telephone Numbers:	
Other Contact Telephone Numbers:	

PLEASE TURN OVER

*Campws Llanfair-ym-Muallt, Ffordd y Coleg, Llanfair-ym-Muallt, Powys, LD2 3BW
Builth Wells Campus, College Road, Builth Wells, Powys, LD2 3BW
Ffôn / Phone 01982 553292*

*Campws Llandrindod, Heol Dyffryn, Llandrindod, Powys, LD1 6AW
Llandrindod Wells Campus, Dyffryn Road, Llandrindod Wells, Powys LD1 6AW
Ffôn / Phone 01597 822992*

Position in family: (eg 2 nd of 4)	
Doctor:	
Health Issues:	
Other information you think may be of use to us. You may wish to communicate this verbally to the Progress Leader for Year 7. (you may wish to continue below or on a separate sheet of paper)	

I confirm that the information provided above is accurate and that I have parental responsibility.

Signed: _____ **Date:** _____

PRIVACY NOTICE

What the School, Local Authority and Welsh Government does with the Educational Information it holds on pupils .

I confirm that I have received the above mentioned Privacy Notice.

Signed: _____ **Date:** _____

If you require any further information, please visit: www.ysgolcalon.cymru