

CONTACT DETAILS FORM

CHILD'S DETAILS

Surname:	Forename:
Date of Birth:	Siblings names/d.o.b.
Address:	
Post Code:	
Home telephone number:	

FIRST EMERGENCY CONTACT NUMBER:	
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PARENT/CARER DETAILS

Mother's Name:	Father's Name:
Parental responsibility YES / NO	Parental responsibility YES / NO
Email:	Email:
Work Telephone number:	Work Telephone Number:
Mobile No.	Mobile No.
Home address if different from child:	Home address if different from child:

The school will attempt to contact either parent in the event of an accident/ incident unless notified otherwise. Please complete the box below giving four people who we can contact, in order of preference, should we not be able to contact you immediately.

Name	Address	Telephone	Relationship to child
1.	Postcode		
2.	Postcode		
3.	Postcode		
4.	Postcode		

Doctors name/ address/tel. no.....

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Ethnic Origin	Religion	Main Language spoken at home
White <ul style="list-style-type: none"> • British <input type="checkbox"/> • Irish <input type="checkbox"/> • Traveller of Irish heritage <input type="checkbox"/> • Gypsy/Roma <input type="checkbox"/> • Any other white background <input type="checkbox"/> 	Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/>	Bengali <input type="checkbox"/> Cantonese <input type="checkbox"/> English <input type="checkbox"/>
Mixed <ul style="list-style-type: none"> • White and black Caribbean <input type="checkbox"/> • White and Black African <input type="checkbox"/> • White and Asian <input type="checkbox"/> • Any other mixed background <input type="checkbox"/> 	Jewish <input type="checkbox"/> Muslim <input type="checkbox"/>	Gujerati <input type="checkbox"/> Punjabi <input type="checkbox"/>
Asian or Asian British <ul style="list-style-type: none"> • Indian <input type="checkbox"/> • Pakistani <input type="checkbox"/> • Bangladeshi <input type="checkbox"/> • Any other Asian background <input type="checkbox"/> 	Sikh <input type="checkbox"/> Other <input type="checkbox"/> Please describe	Tamil <input type="checkbox"/> Urdu <input type="checkbox"/>
Black or Black British <ul style="list-style-type: none"> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/> 	No religion <input type="checkbox"/>	Other <input type="checkbox"/> Please describe
Chinese <input type="checkbox"/>		
Any other ethnic background <input type="checkbox"/>		
I do not wish to answer <input type="checkbox"/>		

Child's Health

Health concerns (e.g. hearing, sight, special conditions, need for regular medication or special diet). Is there any information you feel we should be aware of (contact language, religious considerations relating to custom, dress, diet etc.)?

Have the support services been recently involved with your child (e.g. Social Services, Educational Psychologists, ESL Service, Portage etc.)

Are there any custody or court orders affecting your child? YES / NO

If so, please specify the type of order.....

Court that made the order..... Date of the order

Mode of Travel to School

Walk	Train
Car	Bus
Car Share (with other parents child/children)	Other (please specify)
Cycle	