**CONTACT INFORMATION FORM**

# **Please check that the information below is correct.**

# **Complete any missing details, and return to the school office.**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Forename:** |  |
| **Date of Birth:** |  | **Reg Group:** |  |
| **Address:**  |  |
| **POSTCODE** |  |
| **Telephone:** |  |
| **Email:** |  |

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. \***Please place them in the order that you wish for them to be contacted in an emergency\*.**

|  |  |  |
| --- | --- | --- |
| **Name / Relationship** | **ADDRESS (if different to above)** | **TELEPHONE** |
|  |  | (h) |
| (m) |
| (w) |
|  |   | (h) |
| (m) |
| (w) |
|  |  | (h) |
| (m) |
| (w) |
|  |  | (h) |
| (m) |
| (w) |

|  |  |
| --- | --- |
| **Travel Arrangements** |  |
| Please tick the box that indicates how you will get to and from school most of the time.  |
|  | Bicycle |  | Train |  | Car/Van |  | Walk |  | Taxi |  | School Bus |  | Car Share |
|  |  |  | Public Bus Service |  | Metro/Train/Light Rail |  | Other |
|  |

|  |  |
| --- | --- |
| **Dietary Needs** | Please list any allergies or dietary needs. If your child has a vegetarian diet (a vegetarian diet does not include fish) and would always like vegetarian school meals, please tick the box below |
| **Vegetarian meal** |  |

|  |  |
| --- | --- |
| **Medical Practice** |  |
| **Address:**  |  |
| **Telephone Number:** |  |

|  |
| --- |
| **Medical Condition(s)** |

|  |
| --- |
| **Disabilities** |
|  |

|  |  |
| --- | --- |
| **Ethnicity :** | **First Language:**   |
| **Religion:** | **Home Language:**  |
| **Data Protection Act 1998:** The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF. |
| **Signature:** | **Date:** |