



**Additional contacts –**

**PERSON TO BE CONTACTED IF YOU ARE UNAVAILABLE - PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY**  
*(Relationship should be shown as Aunt, Grandparent, Neighbour etc ...)*

Name (Mr / Mrs / Ms / Miss) ..... Relationship .....

Address .....

P/Code ..... Tel No .....

**MEDICAL INFORMATION**

Name of Doctor ..... Tel No .....

Address .....

Any Medical Conditions the school should be aware of .....

**IMAGE RIGHTS**

Please confirm agreement for your son/daughter's image/name to be used by the school for promotion and publicity purposes. This includes a whole range of medium – school/college prospectuses, newspapers, school web-site, school newsletter, television etc. However, your son/daughter will be included on any year group photographs taken, which will not be used for publicity or promotion outside school. We will not ask Parents/Carers for their permission again, therefore, if you do have a change of mind in the future, could you please inform the school via a letter or telephone call.

Yes

No

**EDUCATIONAL HISTORY**

Previous School .....

Address .....

..... Tel No .....

Date of Admission ..... Date of Leaving .....

**Ethnic Origin** ..... **Religion** .....

**Home Language** ..... **English Additional Language** Y / N

**DINNER ARRANGEMENTS**

School Meal (Free)     School Meal (Paid)

Sandwiches     Home

**TRAVEL ARRANGEMENTS**

Bicycle     School Bus     Walks

Taxi     Car     Train

Public Transport

**Signature** ..... **Parent/Carer**    **Date** .....