Please complete and return to the School Office as soon as possible. Thank you. **Contact Information Sheet** Surname: Middle Name: Middle Name: Date of Birth: Year/Tutor Set: Male/Female: Male/Female: **HOME INFORMATION** P/Code Home Tel No PARENTAL INFORMATION (1st contact) Relationship to child (Parent/Carer/Step Parent/Foster Parent) Address (if different to above) Occupation Name of Company Please indicate if parent(s) are in the Armed Forces Y / N Daytime Tel No Mobile Tel No Mobile Tel No **Email** Please indicate below the preferred email for contact by school: (To avoid email delivery errors please write clearly when completing your email address) Please confirm by ticking the relevant box(s) that you give permission for the above email and mobile phone number to be used for receipt of the following school information: Digital Contact for Pupil Information (i.e. contact information, pupil reports, letters etc) Digital Contact for Additional Services relating to the school (i.e. Newsletter, uniform info, school closure etc) PARENTAL INFORMATION (2^{na} contact) Surname (Mr / Mrs / Ms / Miss) Forename Relationship to child (Parent/Carer /Step Parent/Foster Parent) Address (if different to above) Occupation Name of Company Please indicate if parent(s) are in the Armed Forces Daytime Tel No Mobile Tel No Mobile Tel No **Email** Please indicate below the preferred email for contact by school: (To avoid email delivery errors please write clearly when completing your email address) Please confirm by ticking the relevant box(s) that you give permission for the above email and mobile phone

number to be used for receipt of the following school information:

Digital Contact for Pupil Information (i.e. contact information, pupil reports, letters etc)

Digital Contact for Additional Services relating to the school (i.e. Newsletter, uniform info, school closure etc)

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) Rel	ationship
Address	
P/Code Tel No	
MEDICAL INFORMATION	
Name of Doctor Tel No	
Address	
Any Medical Conditions the school should be aware of	
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	
Home Language English Additional Language Y / N	
DINNER ARRANGEMENTS	TRAVEL ARRANGEMENTS
School Meal (Free) School Meal (Paid)	Bicycle School Bus Walks
Sandwiches Home	Taxi Car Train
	Public Transport
Signature Parent/Carer Date Control Records Amended: Initial: Date: Control Records Amended:	