





**Additional Contacts**

Person(s) to be contacted if you are unavailable – please continue on a separate sheet if necessary.  
(Relationship to Child should be shown as Aunt / Grandparent / Neighbour etc.)

Name (Mr / Mrs / Ms / Miss)	Relationship to Child
Address	
Postcode	Telephone Number

**Medical Information**

Name of Doctor	Telephone Number
Address	
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 website, 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 & Telephone Number	
Date of Admission	Date of Leaving

**Additional Information**

Ethnicity	Nationality
First Language	Country of Birth
Home Language	Religion
English Additional Language?      Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Dinner Arrangements**

School Meal (Free) <input type="checkbox"/>	School Meal (Paid) <input type="checkbox"/>	Sandwiches <input type="checkbox"/>	Home <input type="checkbox"/>
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**Travel Arrangements**

Bicycle <input type="checkbox"/>	School Bus <input type="checkbox"/>	Walk <input type="checkbox"/>	Taxi <input type="checkbox"/>	Car <input type="checkbox"/>	Train <input type="checkbox"/>	Public Transport <input type="checkbox"/>
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