Contact Information Sheet
Please complete in **BLOCK CAPITALS** and return to the School Office as soon as possible. Thank you.

ersonal Details				
Surname	Forename		Middle Name	
Date of Birth	Year / Tutor Set		Male / Female	
ome Information				
Address				
Postcode		Home Telephone Number		
rental Information – First 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  Yes No				
Work Telephone Number		Mobile Number		
E-mail (Please indicate below the preferred e-mail for	r contact by school (to avoid	d delivery errors, please write	e clearly when completing your e-mail address)	
ease confirm by ticking the relevant box(s) the receipt of the following school information:	nat you give permissio	n for the above e-mail a	address(s) and mobile number(s) to be used	
Digital contact for pupil information (eg. contact information, pupil reports, letters etc.)				
igital contact for additional services relating to t	he school (eg. electronic	newsletter, uniform info	, school closure etc.)	
rental Information – Second Conta	ct			
Surname (Mr / Mrs / Ms / Miss)		Forename		
Relationship to Child (Parent / Carer / Step P	arent / Foster Parent)			
Address (if different to above)				
Occupation		Name of Company		
Please indicate if parent(s) are in the Armed	Forces		Yes No	
Work Telephone Number		Mobile Number		
E-mail (Please indicate below the preferred e-mail for	r contact by school (to avoid	d delivery errors, please write	e clearly when completing your e-mail address)	
ease confirm by ticking the relevant box(s) the	nat you give permissio	n for the above e-mail a	address(s) and mobile number(s) to be used	
receipt of the following school information: Digital contact for pupil information (eg. contact in			Γ	

Digital contact for additional services relating to the school (eg. electronic newsletter, uniform info, school closure etc.)

## **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			
mage Rights			
Please confirm agreement for your son/daughter's image/name to This includes a whole range of medium – school/college prospectuses. However, your son/daughter will be included on any year group photo school. We will not ask Parents/Carers for their permission again, the inform the school via a letter or telephone call.	b be used by the school for promotion and publicity purposes. s, newspapers, school website, school newsletter, television etc. graphs taken, which will not be used for publicity or promotion outside efore, if you do have a change of mind in the future, could you please  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 No			
Dinner Arrangements			
School Meal (Free) School Meal (Paid)	Sandwiches Home		
Fravel Arrangements			
Bicycle School Bus Walk Ta	ki Car Train Public Transport		