

CONTACT INFORMATION



Please complete using BLOCK CAPITALS and return to the school office as soon as possible.

PERSONAL DETAILS			
Surname	Forename		Middle manne
Date of birth	Year/Tutor set		Male/Fanale
HOME INFORMATION			
Address			
Postcocie		Home telephone no.	
PARENTAL INFORMATION	I — FIRST CONTACT		
Suffrance (Mr / Mrs / Ms / Miss)		Formunc	
Relationship to child (Parent/Carer/Ste	p Parent/Foster Parent)		
Address (if different to above)			
Occupation		Name of company	
Please indicate if parent(s) are in the A	rmed Forces		Yes No
Daydime telephone no.		Mobile no.	
Email Please indicate below the preferred email	for contact by school (to avoid emai	delivery errors please write clearly	y when completing your email address)
PARENTAL INFORMATION	— SECOND CONTA	CT	
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 Ar	med Forces		Yes No
Dayiams telephone no.		Mobile no.	
Please indicate below the preferred email of	levant box(es) that you giv		when completing your email address) ve email and mobile phone number to
igital contact for pupil information	(ie. Contact information, pupil	_	losure etc)

ADDITIONAL CONTACTS Person 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 Home telephone no. MEDICAL INFORMATION Name of doctor Telephone 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 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 achool Address and telephone no. Date of admission Date of leaving Ethnic origin Religion Home language English Additional Language? No DINNER ARRANGEMENTS School meal (free entitlement) School meal (paid for) Packed hanch Home TRAVEL ARRANGEMENTS Bicycle Bus Wallk Taxi Train Public transport Signature (Parent/Carer) Date

For official use only: Central records amended: Initial: Newark Academy, London Road, New Balderton, Newark, Nottingham NG24 3AL 01636 615000 enquiries@thenewarkacademy.org.uk www.thenewarkacademy.org.uk