

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 school | |
| Address and telephone no. | |
| Date of admission | Date of leaving |
| Ethnic origin | Religion |
| Home language | English Additional Language? Yes <input type="checkbox"/> No <input type="checkbox"/> |

DINNER ARRANGEMENTS

| | | | |
|---------------------------------------------------------|-------------------------------------------------|---------------------------------------|-------------------------------|
| School meal (free entitlement) <input type="checkbox"/> | School meal (paid for) <input type="checkbox"/> | Packed lunch <input type="checkbox"/> | Home <input type="checkbox"/> |
|---------------------------------------------------------|-------------------------------------------------|---------------------------------------|-------------------------------|

TRAVEL ARRANGEMENTS

| | | | | | | |
|----------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|--------------------------------|-------------------------------------------|
| Bicycle <input type="checkbox"/> | 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"/> |
|----------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|--------------------------------|-------------------------------------------|

| | |
|--------------------------|------|
| Signature (Parent/Carer) | Date |
|--------------------------|------|

For official use only: Central records amended: Initial: Date: