

**St John the Baptist Primary School – Contact Information**

Name of Child..... Known Name of child.....

Date of Birth..... Class.....

<p><b>Name of Mother</b></p> <p>Ms / Mrs / Miss.....</p> <p>Mother’s address; .....</p> <p>.....</p> <p>.....Postcode.....</p> <p>Language usually spoken at home</p> <p>.....</p>	<p><b>Name of Father</b></p> <p>Mr .....</p> <p>Father’s address; .....</p> <p>.....</p> <p>.....Postcode.....</p> <p>Language usually spoken at home</p> <p>.....</p>				
<p><b>Do both parents live with the child at the same address?</b> Yes / No (<i>Please delete</i>)</p>	<p><b>List people who have permission to collect child from school.</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<p><b>If no – do both parents have regular contact with the child?</b> Yes / No (<i>Please delete</i>)</p>	<p> </p>				

<b>Main emergency contact information :</b>		List 1 <sup>st</sup> , 2 <sup>nd</sup> etc. order for contacting you.
Home telephone number		
Mum’s work number		
Dad’s work number		
Mum’s mobile number		
Dad’s mobile number		

<b>Other emergency contact details :</b>			
<b>Name of contact</b>	<b>Relationship to child</b> (If parent is non-English speaking please indicate if this contact could translate a message)	<b>Contact number</b>	List 1 <sup>st</sup> , 2 <sup>nd</sup> etc. order for contacting if parents unavailable.

**Keeping in touch;**

**Texts :** We use text messaging for emergency closure and for sending reminders to parents. Please give the mobile number that you wish the text to be sent to. Only one number can be registered.

**Mobile Number** \_\_\_\_\_

**E-mail ;** We use e-mail to send information such as newsletters. Please give e-mail address(es) for parents ;

\_\_\_\_\_

\_\_\_\_\_

**I wish to opt-out of receiving e-mail only correspondence and wish to receive hard copies**

<b>Child's nationality</b>	
<b>Child's ethnicity</b>	
<b>Child's religion</b>	
<b>If child not born in the UK please give date of arrival</b>	
<b>Year in which your child started school in England</b>	
<b>Is English your child's first language?</b>	Yes / No

**Name of family Doctor :**

**Surgery address**

.....  
 .....

**Surgery Telephone Number**

.....

**Medical information**

Please list any medical conditions or allergies;

<b>Medical condition / Allergy</b>	<b>Symptom</b>	<b>Treatment</b>

**Does your child see a specialist for any reason, including for speech? Please give brief details**

**Does your child have any known hearing or vision difficulties? Please give brief details.**

**Other significant family members; e.g. siblings, step parents etc.**

<b>Name</b>	<b>Relationship to child</b>	<b>Date of Birth for siblings</b>

**Previous School the child has attended;**

**What will be the usual mode of transport to and from school?**