



**Additional Emergency Contact 1** - this will be used in the event of the school not being able to contact you

Name..... Telephone Number.....  
Address.....  
Postcode..... Relationship to child.....

**Additional Emergency Contact 2** - this will be used in the event of the school not being able to contact you

Name..... Telephone Number.....  
Address.....  
Postcode..... Relationship to child.....

**Please list any other children attending this school**

Name ..... Date of birth.....DD / MM / YYYY  
Name..... Date of birth.....DD / MM / YYYY  
Name..... Date of birth.....DD / MM / YYYY

**Medical Information**

Practice address .....  
Illness details (if any).....  
Permission to contact GP YES  NO  Permission to administer First Aid YES  NO

**Special Needs Information**

Stage ..... Category.....  
Services currently involved .....

**Ethnic group** — Choose **ONE** section from A— E then tick **ONE** box to best describe your ethnic group or background

**A. White**  
 British  Irish  
 Any other White background (please specify)  
.....

**B. Mixed/Multiple ethnic groups**  
 White and Black Caribbean  White and Black African  
 White and Asian  
 Any other Mixed/multiple ethnic background (Please specify)  
.....

**C. Asian/Asian British**  
 Indian  Pakistani  Bangladeshi  Chinese  
 Any other Asian background (please specify)  
.....

**D. Black/African/Caribbean/Black British**  
 African  Caribbean  
 Any other Black/African/Caribbean background (please specify)  
.....

**E. Other Ethnic group**  
 Arab  
 Any other ethnic group (please Specify)  
.....

**Religion (please specify)**  
.....

**Language spoken at home (please specify)**  
.....

*I the undersigned as Parent/Carer/Guardian of the above named child, declare that the information given is true, correct and complete.*

Name..... Relationship to child.....  
Signature..... Date.....