

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
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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.....