

# Hollins Grundy Primary School

## EMERGENCY CONTACT INFORMATION



To help us maintain accurate records, please complete ALL this form and return it to school as soon as possible.

<b>Child's Surname</b>		Date of Birth	
Forename(s)		Gender	Male / Female

<b>Address</b>			
	Postcode		

Previous Education	
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<b>Full name of Parents/Carers with whom child resides</b>			
Title		Title	
Surname		Surname	
First Name(s)		First Name(s)	
Relationship		Relationship	
Home telephone		Home telephone	
Place of work		Place of work	
Job Title		Job Title	
Daytime tel:		Daytime tel:	
Mobile tel **		Mobile telephone	
E-mail address**		E-mail address	
1st contact for texting & e-mailing purposes**			

Siblings (already attending Hollins Grundy Primary School):							
Name		Year		Name		Year	

<b>Name &amp; telephone no. of any other person we may contact if we are unable to contact parent/guardian</b>			
Name		Name	
Relationship		Relationship	
Tel nos.		Tel nos.	
Address		Address	

<b>Any other person, eg estranged spouse or partner, having legal rights in relation to the child or parental responsibility for the child.</b> <small>(IN LINE WITH THE CHILDREN'S ACT 1989, THE SCHOOL HAS TO KNOW OF ALL PERSONS WITH PARENTAL RESPONSIBILITY FOR THEIR CHILD'S EDUCATIONAL PROGRESS).</small>			
Name		Relationship	
Address			
Postcode		Telephone	

**Any physical concerns or illnesses school should be aware of** e.g. asthma, allergies, deafness, defective vision, etc. Please attach an additional sheet if more space is required to explain the problem.


Any other information which you feel may affect your child's progress at school

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Medication required on a regular basis	
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<b>Doctor's name</b>		<b>Telephone</b>	
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Practice address	
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<b>Dentist's Name</b>		<b>Telephone</b>	
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Dentist Address	
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<b>Permission to call the Doctor - in an emergency</b>	
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<b>Permission to call the dentist – in an emergency</b>	
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<b>Permission to administer basic First Aid</b>	
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**Ethnic origin of pupils.** Please tick which of the following best describes your child's ethnicity. In cases of mixed heritage, please specify as indicated

White British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White / Asian	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	White / Black Caribbean	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Black African	<input type="checkbox"/>	White / Black African	<input type="checkbox"/>
Gypsy / Roma	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other black background	<input type="checkbox"/>	Any other ethnic group (please state)	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	I do not wish an ethnic background to be recorded		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Nationality</b>		<b>Mother tongue</b>	
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<b>Religion</b>		<b>Language spoken at home</b>	
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Have you as parents any particular interest, skill or talent you would be prepared to use to help the school either in enriching our curriculum or in other activities?

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Copy of Birth Certificate	<input type="checkbox"/>	Does your child have any Special Education Need?	<input type="checkbox"/>
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Service Child (parents in the Forces)	<input type="checkbox"/>	Entitled to Free school meals	<input type="checkbox"/>
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Is this child in Care?	<input type="checkbox"/>	Mode of transport to school ie Walk, Car, Bus, Taxi etc	<input type="checkbox"/>
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Signed		Date	
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Name		Relationship	
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The information will be held on computer in accordance with the Data Protection Act, 1998.

April 2014