

SCHOOL CONTACT FORM

First Name of child: _____ **Surname:** _____

DOB: _____

Name of Parent/Legal Guardian: _____

Home Address: _____

Borough: _____ **Post code:** _____

Home Tel. No.: _____

Work Tel No.: _____

Mobile Tel. No.: _____

e-mail address: _____

Please provide emergency daytime contact number (not parent details)

Full Name of Emergency contact: _____

Address: _____

Tel. No: _____ **Relationship to child:** _____

Mode of Transport: (Please select)

Walk
Private Car/Van
Car Share
Walk
Cycle
Public Transport
Other

Name of Doctor: _____

Practice Address: _____

Tel. No: _____

Any relevant medical information: _____

All information given in this form will be kept in the strictest confidence.