



DATA COLLECTION UPDATE 2010 - 2011

Child's Surname Child's Forenames

Date of Birth...../..... /.....

Ethnic Origin

What language/s is/are spoken at home?

Siblings in school

.....

Mother (Guardian)

Father (Guardian)

Name

Name

Address

Address

.....

.....

.....

.....

.....

.....

Postcode

Postcode

Home Tel No

Home Tel No

Mobile No

Mobile No

Work No

Work No

I hereby give permission for my child to participate in all the activities and events for his/her class/year group for the academic year 2010 - 2011. I understand that I will be informed in advance of all planned events/ activities. Should I wish to withdraw my child from any activity, I may do so, provided I inform the school in writing, prior to the event taking place.

Signed:

I do/do not give permission for any image or photograph to be taken of my child while at school

Signed:

MEDICAL INFORMATION

Child's Doctor's Name Tel No

Surgery Address

.....

I understand and agree to the above conditions. I consent to my child receiving medical treatment in the event of an emergency.

Parent/Guardian Full Name

Signed Date/...../.....

Additional information i.e. special dietary needs, allergies, disabilities, health problems or anything else the staff should be aware of.

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EMERGENCY CONTACTS

Name:

Home Tel No:

Mobile No:

Work No:

Name:

Home Tel No:

Mobile No:

Work No:

Name:

Home Tel No:

Mobile No:

Work No: