



CONTACT & PUPIL INFORMATION
ST THOMAS OF CANTERBURY CATHOLIC PRIMARY SCHOOL
TO BE RETURNED TO THE SCHOOL OFFICE FULLY COMPLETED
ANY CHANGES TO BE NOTIFIED IMMEDIATELY TO THE OFFICE

YEAR _____	CLASS: _____	TEACHER: _____
<small>(school to complete)</small>		

Surname of child (exactly as on birth certificate) _____

Forename of child _____

Since completing our Yellow Supplementary Application Form have any of the details changed, eg, your home address, telephone numbers, mobile numbers. YES/NO

If yes, please record changes below, otherwise write 'no change' but please complete pages 2 and 3.

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted. Please add to the list below any person you wish to collect your child at the end of the school day. If your child goes to Cherubs or any other After School Club please add them below.

IN ALL CASES PLEASE PRINT

Borough your child lives in: _____

IN AN EMERGENCY WE WILL ALWAYS CONTACT THE PARENT IN THE FIRST INSTANCE.

Priority	Title/Surname/Forename/Relationship	Home Address including Post Code	Work Phone/Email
1	(Mum/Dad) exactly as on child's birth certificate Mrs/Ms/Miss/Mr Surname: _____ Forename: _____	 Mobile Number: _____ Home Number: _____	Work Number: _____ Email address: _____
2	(Mum/Dad) exactly as on child's birth certificate Mrs/Ms/Miss/Mr Surname: _____ Forename: _____	 Mobile Number: _____ Home Number: _____	Work Number: _____ Email address: _____
3	Relationship to child: _____ Mrs/Ms/Miss/Mr Surname: _____ Forename: _____	 Mobile Number: _____ Home Number: _____	Work Number: _____ Email address: _____

4	Relationship to child: _____ Mrs/Ms/Miss/Mr Surname: _____ Forename: _____	Home Address including Post Code Mobile Number: _____ Home Number: _____	Work Number: _____ Email address: _____
5	Relationship to child: _____ Mrs/Ms/Miss/Mr Surname: _____ Forename: _____	Home Address including Post Code Mobile Number: _____ Home Number: _____	Work Number: _____ Email address: _____
6	Relationship to child: _____ Mrs/Ms/Miss/Mr Surname: _____ Forename: _____	Home Address including Post Code Mobile Number: _____ Home Number: _____	Work Number: _____ Email address: _____

Travel Arrangements

Please tick **one box only**.

- | | | | | | | |
|---|---|---|-------------------------------|-------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Train | <input type="checkbox"/> Car/Van | <input type="checkbox"/> Walk | <input type="checkbox"/> Taxi | <input type="checkbox"/> School Bus | <input type="checkbox"/> Car Share |
| <input type="checkbox"/> London Underground | <input type="checkbox"/> Public Bus Service | <input type="checkbox"/> Metro/Train/Light Rail | | | | <input type="checkbox"/> Other |

Route

Dietary Needs/Allergies

Please supply proof from
 hospital/GP/dietician
 (if none, please write **NONE**)

Medical Practice:
 (ie, doctor's surgery)

Address and post code:

Telephone Number:

Medical Condition(s) Please supply proof from a hospital or GP. (if none please write **NONE**)

(e.g. asthma, allergies etc)

CLEARLY LABELLED WITH CHILD'S NAME AND INSTRUCTIONS

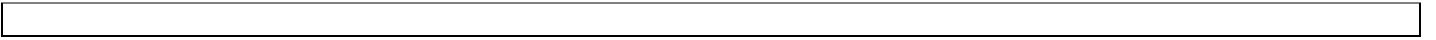
Name of medication/s: _____ Expiry Date/s: _____

All medications must be brought to the school office and must be on prescription. An appropriate form will be given to you to complete. Medication cannot be administered without completion of this form.

I consent to my child being administered basic First Aid (ie, antiseptic wipes and plasters).

YES/NO

Medical Note(s)



Did your child ever attend a school/nursery in the UK: YES/NO: If yes, how many has your child attended: _____

Please list below all schools/nurseries attended starting with the school your child currently attends.

If no, has your child come from abroad: YES/NO If yes, when: _____

Has your child ever attended a school or nursery abroad, if yes, please list below.

PLEASE LIST **ALL** SCHOOLS/NURSERIES ATTENDED IN THE UK OR ABROAD (if applicable).

Nursery/Reception children only: Has your child been looked after by a childminder – YES/NO

Name, address and telephone number of School and Nursery	Start Date	End Date	Reason for Leaving
It is important that you complete the start and end date.			

CHILD'S ETHNICITY (Please tick the relevant box)

Black African	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
White UK	<input type="checkbox"/>	White European	<input type="checkbox"/>	Bangladesh	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistan	<input type="checkbox"/>
Other (please specify)	Country of Origin				
	Mother			Father	

HERITAGE LANGUAGE CHILD IS EXPOSED TO AT HOME

Heritage Language	Speaks	Reads	Writes

RESIDENCY STATUS OF THE FAMILY

Please tick as appropriate	
a) British Nationality	<input type="checkbox"/>
b) Other Nationality with British Residency	<input type="checkbox"/>
c) Refugee	<input type="checkbox"/>
d) Asylum Seeker	<input type="checkbox"/>
If c) or d) above please state country from which you are a refugee or an asylum seeker:	

Special Educational needs _____

My child has been receiving: **Speech and Language Therapy** **Yes/No**

Portage (Portage is a home-visiting educational service for pre-school children with additional support needs and their families). **Yes/No**

Signature Parent/Guardian: _____

Name: (please print) _____ **Dated:** _____