

ST THOMAS MORE CATHOLIC PRIMARY SCHOOL

ADMISSION / EMERGENCY CONTACT FORM

Please fill in all aspects of this form.

PERSONAL DETAILS

(Please write in BLOCK CAPITALS)

Child's surname.....

First name (s).....

Address.....

Postcode..... Telephone number.....

Gender Date of birth..... Religion.....

Parents Surname (if different from child's).....

PARENTS / GUARDIANS / CARERS (with whom the child lives)

Name / relationship to child Address Tel. no.

OTHER ADULTS WITH PARENTAL RESPONSIBILITY

Name / relationship to child Address Tel.no.

EMERGENCY CONTACTS (please indicate where you can be contacted other than home during school hours, if possible give alternative contacts e.g. relative, neighbour)

Name Daytime Address Daytime Tel.no.

Name /Tel. no. of G.P.

SCHOOL TO PARENT MESSAGING SERVICE

Text Message Name..... Number

Text Message Name..... Number

E-mail Address

E-mail Address

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School History & Information

Eligible for Free School Meals

Nursery Attended / Previous School Attended

Health Information

Does your child suffer from asthma? if so what medication is he/she on if any.....

Does your child suffer from any allergies? if so what medication is he/she on if any.....

Does your child have any other health concerns? If so please give details

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Dr Telephone Number Practice

Ethnic Information		Provided by Parent	Pupil
White / British		White & Black Caribbean	
Irish		White & Black African	
Traveller of Irish Heritage		White & Pakistani	
Gypsy/Roma		White & other Asian Background	
Eastern European		Any Other Mixed Background	
Other White			
Asian or Asian British		Black or Black British	
Indian		Caribbean	
Pakistani		Somali	
Bangladeshi		Other Black background	
Any Other Asian Background		Any Other Black Background	
Chinese		Any Other Ethnic Background	
		Yemeni	
		Any Other Ethnic Background	

First Language	
Home Language	

Travel Information			
Public Transport		Cycle	
Car		Taxi	
Car/Shared		Walk	
Car/Van		Other	

Signed Print Date.....

Thank you for filling in this form

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