

Registration Information Key Worker Pupils March 2020

Child's Surname	Forename	Class
Child's Current School		Date of Birth

Parents/Guardians with Parental Responsibility

Forename	Surname	Relationship to child	Mobile number
Forename	Surname	Relationship to child	Mobile number

Home Address _____

Post Code _____

Parish _____

Home Telephone Number _____

Type of Job _____

Shift Pattern _____

Emergency Contacts

Please list all emergency contacts including those that have permission to pick your child up from school.
Please list in priority order

Name	Address	Relationship to child	Permission to take child home	Contact number
1				
2				

E-mail Preference	Contact Person's Name	E-mail address
1		

Does your child have any Special Needs

Please state any medical conditions/known allergies your child may have

Do you or your child have English as an additional language (please state)

Signed _____ Date _____

As part of our Safeguarding procedures please inform us if you as parent / carer or any member of your family has a disability. This is for communication purposes and to enable for us to make provision for you/them.

I give consent for the school to use the above information and that other named persons on this form consent to their details being used for emergency contact purposes.

Signed _____ Date _____