



Mead Road Infant School

Child's Name: _____

	Child's address:	
	Mother's Name & address: (if different from child's)	
	Father's Name & address: (if different from child's)	
Telephone numbers/Email address	Home telephone number:	
	Email address:	
	Mother's mobile:	
	Mother's work telephone no: Mother's Occupation:	
	Father's home telephone: (if different from child's)	
	Father's mobile:	
	Father's work telephone no: Father's Occupation:	
	Carer/childminder:	
ADDITIONAL DAYTIME EMERGENCY CONTACT NUMBERS: In case of emergency, please give details of two local people who can be contacted in the event that we cannot contact the parents. Please place in order of priority:		
Name: Relationship with child:		
Name: Relationship with child:		
Doctors Name & Address: Doctors Telephone number:		
DOES YOUR CHILD HAVE ANY SPECIAL MEDICAL OR DIETARY NEEDS? Please give details:		
Permission to apply plaster:	Yes / No (Please specify)	

Name of parent/carers (please print): _____

Signature: _____ Date: _____

Admin/pupil details

Please fill in form over the page



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Child's Name: _____

Please state your child's first language if it is not English:

Please tick the following boxes as appropriate:

(1) YOUR CHILD'S ETHNIC ORIGIN This is not the same as nationality Or country of birth		(2) YOUR CHILD'S RELIGION	
White – British		Christian	
White – Irish		Hindu	
White – Gypsy/Roma		Jewish	
Any other White background		Muslim	
Black Caribbean		No religion	
White and Black Caribbean		Roman Catholic	
Black African		Sikh	
White and Black African		Other (please specify)	
White and Asian			
Indian			
Pakistani			
Bangladeshi			
Chinese			
Any other Asian background			
Any other Black background			
Any other mixed background			
Any other ethnic background			

If there is anything else we should know about your child please write it in the box below:

Name of parent/carer (please print): _____

Signature: _____ Date: _____

Admin/pupil details

Please fill in form over the page