

**WILLOW TREE PRIMARY SCHOOL**

**PUPIL CONTACT FORM**

Previous School (if any) \_\_\_\_\_

Surname \_\_\_\_\_

Forename \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex M/F \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Town \_\_\_\_\_

Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_

Name of Father/Guardian

Name of Mother/Guardian

Mr \_\_\_\_\_

Mrs/Ms/Miss \_\_\_\_\_

Address if different from above

Address if different from above

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mobile No \_\_\_\_\_

Mobile No \_\_\_\_\_

Should an emergency occur at school, it is sometimes necessary to contact a parent/guardian or other responsible adult during the daytime. Please indicate below, in order of priority, who you wish us to contact (these may include parents works' numbers).

**1 Emergency daytime contact**

**2 Emergency daytime contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Tel No \_\_\_\_\_

Tel No \_\_\_\_\_

**3 Emergency daytime contact**

**4 Emergency daytime contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Tel No \_\_\_\_\_

Tel No \_\_\_\_\_

PTO

Religion \_\_\_\_\_

Home Language \_\_\_\_\_

**Ethnic Origin**

**White**

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

**Black or Black British**

- Caribbean
- African
- Any other Black background

- Chinese
- Any other ethnic background
- I do not wish an ethnic background category to be recorded

**Please tick as appropriate**

**Doctor** \_\_\_\_\_

**Address** \_\_\_\_\_

**Tel No** \_\_\_\_\_

**Does your child have any medical conditions of which you wish the school to be aware?**

**Medical condition/s briefly** \_\_\_\_\_  
\_\_\_\_\_

**If we are unable to contact you when your child is ill, will you give the school permission to take the necessary action.**

**YES/NO**

**How does your child travel to school? Please tick the most appropriate box.**

**(If your child uses two modes of travel then please tick the one used most often)**

- Walk
- Cycle
- Car/Van
- Car Share **(Please note that Car Share option Should only be used when pupils from two Different households travel to school in one car)**

- Public Service Bus
- Taxi
- Train
- Other  
Please state \_\_\_\_\_

**Signed** .....

**(Parent/Guardian)**

