

CONSETT JUNIOR SCHOOL

PLEASE PRINT ALL YOUR ANSWERS

Child's Full Name: Date of Birth:

Address:

..... Postcode: DH8

Home Telephone No.

Mobile No. (Mother)(Father)

Previous School: Tel. No.

Ethnic Origin: Home Language: Religion:

Father/Guardian

Mother/Guardian

Full Name:

Place of Work:

Work Tel. No.:

Emergency Contacts:

Name: 1. 2.

Relationship:

Address:

Tel. No.

Name Family Doctor: Tel. No.

Does your child have any medical conditions of which you wish the school to be aware? If yes please give details:
.....

Does your child have any disability? If yes please give details:

Does your child currently take any medication? If yes please give details

If photographs are taken of your child during activities at school do we have your permission to put photographs of your child on the school website? Yes/No

Type of Meal Required (Please tick) School Meal (M), Packed Lunch (S), Free (F),

Travel Arrangements to and from School: Walk (W) Public Transport(P) Car (C) (Please tick).

