

THE SYLVESTER PRIMARY SCHOOL: EMERGENCY CONTACT FORM

Date of Entry to schoolYear Group.....Class Allocated.....

CHILDS DETAILS

SURNAME..... FIRST NAME.....

D.O.B..... GENDER (male/female).....

ADDRESS.....POSTCODE.....

TELEPHONE No..... MOBILE.....

BIRTH CERT. SEEN Yes No PROOF OF ADDRESS Yes No

EMERGENCY CONTACT NUMBERS

MOTHER

FATHER

FULL NAME..... FULL NAME.....

Tel No..... Tel No.....

Mobile..... Mobile.....

Address..... Address.....

.....

OTHER EMERGENCY CONTACT NUMBERS

Name	
Relationship to Child	
Address	
Telephone No.	
Mobile	

Name	
Relationship to Child	
Address	
Telephone No.	
Mobile	

CHILD'S PREVIOUS SCHOOL(IF ANY).....

Brothers/Sisters Name	D.O.B.	PRESENT SCHOOL

Does your child have any medical conditions you would like us to be aware of?.....

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PLEASE NOTE: THIS IS NOT A SCHOOL ADMISSIONS FORM - ATTENDING THE NURSERY CLASS DOES NOT GUARANTEE A PLACE IN THE RECEPTION CLASS. YOU NEED TO APPLY AT THE APPROPRIATE TIME AND CHECK THE ADMISSIONS POLICY FOR THE RELEVANT YEAR – POLICIES CAN CHANGE FROM YEAR TO YEAR.

PLEASE TURN OVER

DOCTOR'S NAME.....TELEPHONE No.....

SURGERY ADDRESS.....

Please write below any additional information that you feel might be helpful.

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ETHNIC CODE

Please tick the most appropriate box.

Code	Description	Tick
WHB	WBRI – British	
WHR	WIRI – Irish	
WHT	WIRT – Traveller – Irish Heritage	
WHA	WOTH – Any other white background	
WRO	WROM – Gypsy/Romany	
MWB	MWBC – White/Black Caribbean	
MBA	MWBA – White/Black African	
MWA	MWAS – White / Asian	
MOT	MOTH – Any other Mixed Background	
AIN	AIND – Indian	
APK	APKN – Pakistani	
ABA	ABAN – Bangladeshi	
AAO	AOTH – Any other Asian Background	
BLB	BCRB – Black Caribbean	
BLF	BAFR – African	
BLG	BOTH – Any other Black Background	
CHE	CHNE – Chinese	
OEO	OOth – Any other Ethnic Group	

Signed.....Mr/Mrs/Ms/Miss Parent/Guardian

School Representative.....Date.....

PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGES OF ADDRESS, TELEPHONE, ETC

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