

St Thomas's C E Primary School

Emergency Contact Form

Please complete all sections in ink using block capitals

Child's Surname Forename/s

Date of Birth/...../..... Home Telephone number

Home Address

..... Post Code

E-mail address

Correspondence is sent by e-mail

Name of siblings in St Thomas's

Please give details of parents and any persons you wish to be contacted in case of emergency.

Please place them in the order you wish them to be contacted.

Contact 1 Name	Contact 2 Name
Mobile no.	Mobile no.
Daytime tel:	Daytime tel:
Home tel. no.	Home tel. no.
Home address	Home address
Relationship to child	Relationship to child

Contact 3 Name	Contact 4 Name
Mobile no.	Mobile no.
Daytime tel:	Daytime tel:
Home tel. no.	Home tel. no.
Home address	Home address
Relationship to child	Relationship to child

Ethnic Origin (Tick 1)

White:- British Irish Traveller/Irish heritage Gypsy Any Other White background
Mixed:- White and Black Caribbean White & Black African White and Asian Any Other Mixed background
Asian or Asian British:- Indian Pakistani Bangladeshi Any Other Asian background
Chinese Black Caribbean Black African Other Black
Any other ethnic group:- Libyan Any other ethnic background

Language spoken at home Religion of Pupil

Travel to school (please select one of the following) Car Walk Bus Car share with other pupils

Doctor Address

..... Telephone

Signature Parent/Guardian

If any of the above information changes please notify school as soon as possible