

LETHBRIDGE PRIMARY SCHOOL INFORMATION AND CONTACT FORM 2013/2014



CHILD'S CLASSTE	ACHER				YR		
CHILD'S DETAILS:							
SURNAME:		FORENAMES:			CHOSEN NAME:		
SEX: M/F	D.O.B:		FIRST LANGUAGE	·. ··			
ETHNIC ORIGIN:		RELIGION:		RELIGION:			
HOME ADDRESS:		■ HOME TELEPHONE NO:					
		DIETARY TYPE: (Circle) *Normal * Dairy Allergy *Strawberry allergy *Gluten free * NUT ALLERGY *Vegetarian We do not need to know about likes or dislikes. If allergies to food present, please provide further information overleaf and medication taken. This information will be used to ensure your child does not eat any products					
POSTCODE:		containing these ingredients in school at any time.					
CONTACTS – REQUIRED IN CASE YOUR CHILD IS ILL OR HAS AN ACCIDENT DURING SCHOOL TIME (Please remember to update your records should they change during the year)							
Mother's name :	(Fidaso Formoniasor		's address (if differer		☎ Work telephone no:		
Occupation:					Mobile telephone no:		
Contact : 1 st 2 nd 3 rd (please circle)		Mother's workplace:					
Father's name :		Father's address (if different from child):			■ Work telephone no:		
Occupation:					Mobile telephone no:		
		Father'	's workplace:				
Contact : 1 st 2 nd 3 rd (please circle)							
Additional contact	name (local) :	Addres	SS:		Telephone no:		
The state of the s							
Relationship to child:					Mobile telephone no:		
Contact: 1st 2nd	3 rd (please circle						



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MEDICAL INFORMATION							
Name of Doctors Surgery:	Surgery Telephone number:	Surgery Address:					
Known medical conditions that the school	Known Allergies:	Current Medications:					
Nurse needs to be aware of to ensure correct medical care for your child is provided whilst in school e.g. epilepsy, Epipen, severe allergies etc, diabetes (these could also affect school meal provision).:							
	Treatment required if your child experiences an allergic reaction :						
	, G						
FAMILY CIRCUMSTANCES							
Relevant family circumstances that the school need to be aware of:							
Other siblings:							
Name:	Class:	School					
Name:	Class:	School					
Name:	Class:	School					
Name:	Class:	School					
Name: Class: School PREVIOUS SCHOOL (IF TRANSFERRED IN FROM ANOTHER SCHOOL DURING THIS ACADEMIC YEAR)							
School Name							



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USUAL MODE OF TRANSPORT

Please indicate below the method of transport that you will normally use to travel to and from school: (Please circle 1 method only)

*Walk *Cycle/Scooter/Skateboard *Car/Van *Car share (with a child from a different household) *Bus *Taxi

PARENTAL PERMISSIONS

Occasionally the local press or national television companies visit the school to follow up stories of general or specific interest.

This often involves filming or photographs being taken of the children carrying out school activities, sometimes naming the children featured.

If you DO NOT wish your child to be featured/named in these pictures or press articles, please write in a separate letter to the school office

If we do not receive a reply from you on this subject, we will assume that you are happy for your child to appear in any publicity that the school generates.

This information will be used by the school to collate a report to ensure that children without the necessary permission are not photographed/filmed.

We as a school however, will occasionally take photographs of the children usually in their groups or classes showing them working on projects or events. The photographs may also be published in our newsletter, website or on notice boards around the school.

USE OF THE REC AT QUARRY ROAD IN YEARS 3 - 6

Occasionally the children will be able to use the play equipment on the Rec with normal lunchtime supervision. *IF YOU DO NOT GIVE YOUR PERMISSION, PLEASE SEND IN A SEPARATE LETTER TO THE SCHOOL OFFICE*

LOCAL EDUCATIONAL VISITS

During the course of your child's studies in the Primary school there will be occasions when groups of children may carry out local educational visits on foot, for example to Town Gardens or to the local shops.

Whenever we take your child off the school premises, we need your consent. To save us asking your permission every time a local trip is planned, if you are not in agreement, please send in a separate letter to the school office

Parents will be advised on the days of planned visits and an information slip sent out whenever possible. Trained adults and adult helpers will, of course, adequately supervise all visits out of school. If you do not wish your child to go once you are informed of the visit, please let his/her class teacher know immediately in writing.

This letter only refers to those visits carried out by foot, not by car, coach or other transport. Separate permission will be sought for any trips further afield.

LETHBRIDGE PRIMARY SCHOOL - PARENT DECLARATION

I confirm that I have read and understood the above i of my knowledge.	information and the details provid	ed are correct to the best
Signed:	(Parent/quardian)	Date: