

**ROBERT LE KYNG PRIMARY SCHOOL
CONTACT DETAILS**

Surname _____ Forenames _____
 D.O.B _____ Male / Female *(please delete as appropriate)*
 Address _____ Admission Date _____
 _____ Tel No _____
 Postcode _____

Please give details of all people with parental responsibility (these include all parents and adults who the child lives with and who look after the child).

		Please tick if the child lives with you full time, or circle if they visit	Please indicate order of contact (e.g. 1, 2, 3)
<u>Mother</u>	Name (Mrs/Miss/Ms) _____	<input type="checkbox"/>	<input type="checkbox"/>
	Home Tel _____		
	Mobile _____		
	Place of work _____		
	Work Tel _____		
<u>Father</u>	Name _____		
	Home Tel _____	<input type="checkbox"/>	<input type="checkbox"/>
	Mobile _____		
	Place of work _____		
	Work Tel _____		

Others (eg step-parent, partner of father or mother, grandparent, or anyone else who lives at the same address)

Name (Mrs/Miss/Ms/Mr) _____		
Relationship to child (see above) _____	<input type="checkbox"/>	<input type="checkbox"/>

Home Tel _____		
Mobile _____		
Place of work _____		
Work Tel _____		

In the case of an emergency please give two **other** people* who we can contact if the above are not contactable.

Contact name (Mrs/Miss/Ms/Mr) _____	<input type="checkbox"/>
Relationship to child _____	
Tel (1) _____ (2) _____	
Contact name (Mrs/Miss/Ms/Mr) _____	<input type="checkbox"/>
Relationship to child _____	
Tel (1) _____ (2) _____	

***We do need a range of numbers because we often find we cannot contact the first named people.**