



Surname	
Forename	
Date of Birth	
Sex	

Address:

..... **Post Code:**

Parent/Guardians Names:.....

Home Telephone Number:

Daytime Emergency Contacts:

Name	Relation	Tel No	Place of Contact

Sibling **Class**

Doctor:

Medical Information: Tick Appropriate Box

(Where appropriate write a more detailed explanation on back of this sheet)

Asthma **Allergies**

Eyesight **Hearing**

Other:

Ethnicity: **Language spoken at home**

Lunch Arrangements: (please circle)

Free School Meal
(As agreed by Trafford)

Hot Dinner (Juniors)
£10.00 per week

Sandwiches

Any Dietary requirements i.e. Vegetarian/No Pork etc:

Mode of Transport: Car Walk Bike Public Transport