

Trinity Church School

Contact and Personal Information

SurnameFirst names									
Gender Male Female									
Ethnicity									
Date of Birth									
PostcodeEmail									
Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order you wish them to be contacted in an emergency. PLEASE REMEMBER TO INCLUDE YOURSELF.									
	Name			ations			ome address	Phon	е
1.							s	Day	
2.								Mobile Day	à
۷.								Mobile	
3.								Day	
								Mobile	
Please ensure that at least one contact number is a 'landline'.									
Travel arrangements Please tick the appropriate									
Walks □ Car □ Coach □									
Siblings (and any other children living at the same address)									
Name of Sibling			School and year group				Date of E	Date of Birth	
					29				