**HIGHFIELD HALL PRIMARY SCHOOL**

**CONTACT DETAILS**

Name of child …………………………………………………………………………………………

Class …………………………………………

Medical Information ………………………………………………………………………………………….

………………………………………………………………………………………………………………….

Name of parent with whom child resides …………………………………………………..………………

Address …………………………………………………………………………………………………..……

………………………………………………………………..………Post Code ……………………………

Telephone Number …………………………………………………………………………………………..

Mobile (Mother) …………………….………………………

Work Phone (Mother) ……………………………………..

Email (Mother) ……………………………………………..

Mobile (Father) …………………………………………….

Work Phone (Father) ..…………………………….………

Email (Father) ………………………………………………

**Name of any non-resident parent** ………………………………………………………………..

Does this parent have contact with the child? YES/NO

Does this parent require separate copies of reports etc? YES/NO

If YES, please give their address …………………………………………………………………

…………………………………………………………………………………………………………

Can this parent be contacted in case of an emergency ? YES/NO

If YES, please give their contact number …………………………………………………………

Signed by …………………………………………………..

Relationship to child? ……………………………………..