



**HOPE VIEW SCHOOL**

**PERSONAL/EMERGENCY CONTACT INFORMATION**

**PLEASE BE AWARE THAT IN LINE WITH GOVERNMENT SAFEGUARDING REGULATIONS, PARENTS/CARERS MUST BE CONTACTABLE ON THE NUMBER BELOW THROUGHOUT THE COURSE OF THE SCHOOL DAY. AN EMERGENCY CONTACT NUMBER MUST ALSO BE PROVIDED.**

**ADMISSION TO THE SCHOOL WILL NOT BE PERMITTED IF THIS FORM IS NOT COMPLETED IN FULL AND RETURNED TO THE SCHOOL BY YOUR CHILD'S START DATE**

**PLEASE WRITE IN BLOCK CAPITALS**

**CHILD:** First Name: ..... Surname: .....

Date of Birth: .....

Address: .....

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

Home Telephone No: .....

**PARENT/CARER:** Title: ..... First Name: ..... Surname: .....

Permanent Address (if different from above): .....

.....

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

Home Tel No:..... Work Tel No: .....

Mobile No:.....

Email: .....

**PARENT/CARER:** Title: ..... First Name: ..... Surname: .....

Permanent Address (if different from above):.....

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

Home Tel No:..... Work Tel No:.....

Mobile No..... Email: .....



**EMERGENCY CONTACT NO 1:**

Name: ..... Relationship to child:.....

Tel No (with code):.....

**EMERGENCY CONTACT NO 2:**

Name:..... Relationship to child:.....

Tel No (with code):.....

**NAME OF CHILD'S G.P** ..... **Tel No (with code):**.....

**Name and Address of GP Surgery:** .....  
(including Postcode)

.....

*(Please use the reverse of this sheet to advise us of any further information)*

**IF YOU CHANGE YOUR PHONE NUMBER OR ADDRESS IT IS YOUR PARENTAL DUTY TO INFORM US IMMEDIATELY.**