



Cassiobury Junior School

TO BE COMPLETED BY PERSON WITH PARENTAL RESPONSIBILITY FOR THE CHILD.

Please write clearly in CAPITAL letters.

PLEASE ENSURE ALL QUESTIONS ARE ANSWERED AND THE FORM IS RETURNED TO THE SCHOOL OFFICE FOYER BY FRIDAY 10TH JULY 2020.

Childs Full Name:			
Date of Birth:			
Childs Ethnicity:			
Religion:			
Home Language spoken:			
First Language:			
Country of Birth:			
Nationality:			
Does the above child have a medical condition requiring medical treatment or medication? If yes, please give details;	Yes	No	
Does the above child have an allergy to certain medications? If yes, please give details;	Yes	No	
Has s/he received a tetanus injection in the last 5 years?	Yes	No	
I wish to draw the following to the School's attention:	Please provide details:		
Allergies:	Yes	No	
Special dietary requirements:	Yes	No	
Phobias	Yes	No	
Travel sickness	Yes	No	
Toileting difficulties	Yes	No	
Recent operations or treatment	Yes	No	
Other conditions which may affect fitness to participate in certain activities:	Yes	No	

'Learning to learn, growing together, ready for the future!'

Family Doctor Details:	
Name:	
Address:	
Telephone Number:	
NHS Number:	
Emergency Contact 1st:	
Name:	
Relationship to child:	
Address:	
Telephone Numbers: Mobile	
Telephone Numbers: other	
Emergency Contact 2nd :	
Name:	
Relationship to child:	
Address:	
Telephone Numbers: Mobile	
Telephone Numbers: other	
Emergency Contact 3rd:	
Name:	
Relationship to child:	
Address:	
Telephone Numbers: Mobile	
Telephone Numbers: other	



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Emergency Contact 4 th :			
Name:			
Relationship to child:			
Address:			
Telephone Numbers: Mobile			
Telephone Numbers: other			
CONSENT:			
I give consent for my child:			
To leave the school premises for local, curriculum related visits, & sports fixtures		Yes	No
To receive medical treatment as necessary		Yes	No
Photograph permission to be used on the school website and the school twitter		Yes	No
Photograph permission to be used on the school printed & social media		Yes	No
Internet access in school hours – ICT Agreement in the School Parent Handbook		Yes	No
Sex & Relationship Education		Yes	No
My child's information being shared with Secondary Schools (subject to GDPR Regulations)		Yes	No
I have read and agree to the school's Home / School Agreement in the School Parent Handbook		Yes	No
I have read and agree to the Online Payment and Consent System – School Gateway on the School Parent Handbook		Yes	No
I undertake to inform the school as soon as possible of any changes to medical circumstances.		Yes	No
Parent Email Address:			
Signed:		Name in Capitals:	
Relationship to child:		Date:	
Child's Year and class:			

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