

## **EASTLEA PRIMARY SCHOOL INFORMATION SHEET 2023/24**

In order that we may keep our records up to date, I should be grateful if you would complete and return this form to school. Thank you. **THIS FORM IS VITAL IN CASE OF EMERGENCY OR ACCIDENT. PLEASE KEEP THE OFFICE INFORMED OF ANY CHANGES IN DETAILS.**

NAME OF CHILD \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS (where child lives) \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

**SHOULD WE NEED TO CONTACT YOU REGARDING YOUR CHILD WOULD YOU PLEASE COMPLETE THE FORM BELOW IN ORDER OF CONTACT.**

### **CONTACT 1**

NAME \_\_\_\_\_

RELATIONSHIP TO CHILD  
(EG FATHER, MOTHER) \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

ADDRESS (if different to child) \_\_\_\_\_  
\_\_\_\_\_

### **CONTACT 2**

NAME \_\_\_\_\_

RELATIONSHIP TO CHILD  
(EG FATHER, MOTHER) \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

ADDRESS (if different to child) \_\_\_\_\_  
\_\_\_\_\_

### **CONTACT 3**

NAME \_\_\_\_\_

RELATIONSHIP TO CHILD  
(EG FATHER, MOTHER) \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

ADDRESS (if different to child) \_\_\_\_\_  
\_\_\_\_\_

FAMILY DOCTOR (NAME) \_\_\_\_\_

ADDRESS OF SURGERY \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

HEALTH VISITOR (NAME) \_\_\_\_\_ TELEPHONE NO. (if known) \_\_\_\_\_

**LUNCH DETAILS** (not required for 15 hour nursery children)

Please tick the box that applies to your child on most days

School Meal

Packed Lunch

**Are you entitled to BENEFIT BASED free school meals ? YES / NO** If you are unsure ask at the school office where the forms are available.

**(Not the universal free school meal currently available to Reception, Year 1 & Year 2 only.)**

Does your child have any Dietary Needs? If yes please give the details below.

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Ethnicity  (example White British)

Home Language  (example English)

Religion  (example Church of England, Catholic)

National identity  (example British)

Country of birth  (example UK)

If **dual** nationality, then passport details are required: .....

Any other information that you feel would be helpful for school to know . Please write below.

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Thank you for taking the time to complete this sheet

E Beeston

**E Beeston**  
**Head Teacher**