



# Emergency and Consent Form



Application for admission to  
GODFREY ERMEN CE MEMORIAL PRIMARY SCHOOL

Place(s) requested – please tick  Nursery  Reception  Other class

If you have ticked other please specify which year: -----

Birth Certificate seen

Child's Surname: -----

Forename(s):-----

Preferred Name: -----

Gender: -----

Nationality: -(Please see reverse) -----

Spoken Language: -----

D.O.B:-----/-----/-----

Religion: -----

Brother(s) and Sister(s) already in School –name(s): -----  
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Previous School attended : -----

Password for collection\* - (Please write in CAPS) : -----

*\*Pupils can only be collected by persons over the age of 16.*

## Parent/ Guardian (Contact Priority 1)

Name: -----

Relationship to Child: -----

Address: -----  
-----

Postcode -----

Phone (Mobile): -----

Phone (Work): -----

Phone (Home): -----

Email (Main) -----

Does the Child reside at this Address?

YES  NO

When your child starts with us you can receive texts and emails through our School Gateway online. Please see our website for further details.

## Parent/ Guardian (Contact Priority 2)

Name: -----

Relationship to Child: -----

Address: -----  
-----

Postcode -----

Phone (Mobile): -----

Phone (Work): -----

Phone (Home): -----

Email (Main) -----

Does the Child reside at this Address?

YES  NO

Along with Contact Number 1 I would also like to receive text and emails from the school from the School Gateway.

YES  NO



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GODFREY ERMEN CE PRIMARY SCHOOL (Continue)



### Additional Emergency Contact 3

Name: .....

Relationship to Child: .....

Address: .....

.....Postcode .....

Phone (Mobile): .....

Phone (Work): .....

Phone (Home): .....

Email (Main): .....

### Additional Emergency Contact 4

Name: .....

Relationship to Child: .....

Address: .....

.....Postcode .....

Phone (Mobile): .....

Phone (Work): .....

Phone (Home): .....

Email (Main): .....

### My Child's Medical information

Name of my Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctors Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Are your child's immunisations up to date?  YES  NO

Is your child on daily medication?  YES  NO

If yes, please specify:

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Does your child have any allergies?  YES  NO

If yes, please specify:

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Does your child have any special needs?  YES  NO

If yes, please give details:

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