



# Chestnuts Primary School

'Encourage, Enable, Empower'

## COMMUNICATION LINKS

### 1<sup>st</sup> CONTACT

Child's Name(s) \_\_\_\_\_ DOB \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home Address \_\_\_\_\_

Contact Number \_\_\_\_\_

Work Number \_\_\_\_\_

Parent e mail address: \_\_\_\_\_  
(optional)

### 2<sup>nd</sup> CONTACT

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Work number: \_\_\_\_\_

### Additional Contact:

Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Work number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Does your child have any medical conditions/allergies the school should be aware of?

If so, please give details:

Name of person/persons who will collect your child from school

Or who have permission to collect your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Would you like to receive newsletters and school information via email? YES/NO**

**Would you like to receive school information by text? YES/NO**