

Non-Resident Parent (mother/father with whom the child no longer lives but who should receive a copy report)

Surname: _____ Title: _____ Initial: _____ Relationship to child: _____

Address: _____ Postcode: _____

Telephone Number: _____

Dinner Arrangements: Free School Meal Paid School Meal Sandwiches

Doctor and Surgery: _____

Address: _____

Medical Conditions/Dietary Needs:

Swimming Ability: Confident swimming 10m / Confident swimming 25m / Cannot swim
(please circle)

Ethnicity and Religious Background:

Ethnic Origin : _____ Religion: _____

Home Language: _____ English as an Additional Language: YES/NO

Service Child in Education: YES NO

Travel Arrangements:

Walk Car School Bus Service (Stoke Prior/Hanbury) Car Share Taxi

Have you any other children at Aston Fields Middle School? YES/NO

Name of child: _____ Class: _____

Name of child: _____ Class: _____

I can confirm that in line with General Data Protection Regulations, I have permission from the above contacts to share their data with the school and for it to be stored/processed in compliance with the regulations.

Signature of Mother/Carer _____

Please print name _____

Signature of Father/Carer _____

Please print name _____

PLEASE NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES OF CONTACTS, TELEPHONE NUMBERS OR CIRCUMSTANCES