

# CONTACTS INFORMATION FOR CHILDREN

*Please complete this form for our school records  
and return it to the school office as soon as possible*  
**PLEASE PRINT VERY CLEARLY**

## FATHER

Name \_\_\_\_\_

Address \_\_\_\_\_

e-mail address \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

## MOTHER

Name \_\_\_\_\_

Address \_\_\_\_\_

e-mail address \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

## EMERGENCY CONTACTS (other than parents)

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

NAME/s OF CHILD/ren \_\_\_\_\_

ROOM NUMBER/s \_\_\_\_\_

DATE \_\_\_\_\_