

**E-ACT PATHWAYS ACADEMY  
CONTACT INFORMATION**  
(This form is to be completed by parents/guardians)



Child's Legal Surname ..... Known As (If Applicable) .....

First Name (s) .....

Date of Birth ..... Sex .....

Present Address .....

.....Post Code .....

Main Telephone No .....

**Parent/Carer Details** (If applicable, please indicate by the \* the custodial parent. We are required by law to request this information)

\* Surname ..... Forename ..... Relationship to Child .....  
(eg mother/father/foster parent)

Address .....

Home No. .... Mobile No ..... Work No. ....

Surname ..... Forename ..... Relationship to Child .....  
(eg mother/father/foster parent)

Address .....

Home No. .... Mobile No ..... Work No. ....

**Emergency Contact Details** (Please indicate all emergency contacts in order of priority):

Surname ..... Forename ..... Mobile .....

Relationship to Child ..... Home No ..... Work No .....

Address ..... Post Code .....

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Surname ..... Forename ..... Mobile .....

Relationship to Child ..... Home No ..... Work No .....

Address ..... Post Code .....

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Surname ..... Forename ..... Mobile .....

Relationship to Child ..... Home No ..... Work No .....

Address ..... Post Code .....

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Travel- How do you get to school? Please tick the appropriate box

Walk  Public Transport  Car  Other .....

**Dietary Requirements (Religious or Medical – If Medical Please Provide Medical Evidence)**

**Doctors Surgery** ..... **Tel. No** .....

**Health (Any information about health/medication/disability which you wish staff to know about, eg hearing, glasses, allergies, asthma, medicines, diabetes, epilepsy etc)**

**PREVIOUS SCHOOLS AND NURSERIES**

Other schools attended	from	to
.....	.....	.....
.....	.....	.....
.....	.....	.....

**ETHNIC ORIGIN (not place of birth) (tick box)**

<b>White:</b>		<b>Mixed:</b>	
British		White & Black Caribbean	
Irish		White & Black African	
Traveller of Irish Heritage		White & Paristani	
Gypsy/Roma		White & Any Other Asian Background	
Eastern European		Any Other Mixed Background	
Any Other White Background			
<b>White or Asian British:</b>		<b>Black or Black British:</b>	
Indian		Caribbean	
Pakistani		Somali	
Bangladeshi		Other Black African	
Any Other Asian Background		Any Other Black Background	
<b>Chinese</b>		<b>Any Other Ethnic Background:</b>	
<b>I Do Not Wish an Ethnic Background to be Recorded</b>		Yemeni	
		Any Other Ethnic Background	

**RELIGION (tick box)**

Christian	Hindu	Jewish	Muslim	Sikh	No religion	Other (Please specify below)

**LANGUAGE (tick box)**

English	Urdu	Bengali	Other (please specify)	English spoken at home *YES/NO (Please delete as appropriate)

Asylum Seeker  Refugee

Parent/Guardian signature ..... Date .....