

ST. MONICA'S CATHOLIC SCHOOL

CONTACT FORM

PLEASE COMPLETE 1 FORM PER FAMILY

SURNAME: CLASS(ES):.....

FIRST NAME (S):

HOME TEL No. -

CARER 1 - MOBILE NoWORK No.

EMAIL:

CARER 2 - MOBILE No WORK No.....

EMAIL:

NAME OF PARENT/GUARDIANS:

ADDRESS:

.....

NAME & TEL No. OF SOMEONE WHO WOULD BE AVAILABLE IN THE
EVENT OF AN EMERGENCY (FRIEND, GRANDPARENT, NEIGHBOUR)

NAME: TEL No. -

NAME: TEL No. -

ANY SPECIAL MEDICAL INFORMATION WHICH WE SHOULD KNOW
(include any medication the child needs to take or use at school)

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The following people have permission to collect my child from school:

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Or - My child has my permission to go home by themselves YES NO PLEASE CIRCLE