



Emergency Contact List

Child's name: _____

Please ensure that you prioritise contacts accordingly - the person with priority level 1 will be the first person the school will contact during school hours including in the event of an emergency.

We must have contact details of four individuals for your child's safety.

It is very important that you inform us if either of the parents are in a legally binding arrangement over parental responsibility.

PRIORITY 1	Title:	Full name:	
Relationship to Child:			Parental responsibility?: YES / NO
Home telephone number:	Mobile telephone number:	Work telephone number:	
Address:			Postcode:
Place of work/work address:			Postcode:
Occupation:		Email address(es):	

PRIORITY 2	Title:	Full name:	
Relationship to Child:			Parental responsibility?: YES / NO
Home telephone number:	Mobile telephone number:	Work telephone number:	
Address:			Postcode:
Place of work/work address:			Postcode:
Occupation:		Email address(es):	



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PRIORITY 3	Title:	Full name:	
Relationship to Child:		Parental responsibility?: YES / NO	
Home telephone number:	Mobile telephone number:	Work telephone number:	
Address:			Postcode:
Place of work/work address:			Postcode:
Occupation:	Email address(es):		

PRIORITY 4	Title:	Full name:	
Relationship to Child:		Parental responsibility?: YES / NO	
Home telephone number:	Mobile telephone number:	Work telephone number:	
Address:			Postcode:
Place of work/work address:			Postcode:
Occupation:	Email address(es):		

Please use this space to add any other relevant information you think we should be aware of: