

Parents' Network

APPLICATION FORM

Solihull Family
Information Service

The Family Information Service sends out regular news and information about family activities and events in Solihull to everyone on the Parents' Network.

To join, please fill in your details below in BLOCK CAPITALS and return to:

Solihull Council, Family Information Service, Learning and Achievement, Manor Square, Solihull B91 3QB.

For more information please contact the Family Information Service by phone: 0800 389 8667
or by email: parentsnetwork@solihull.gov.uk

Your details (parent/carer)

| | | |
|------------------------------|----------|-----------|
| Title | Forename | Surname |
| House/flat number/house name | | Post Code |
| Daytime phone number | | |
| Email address | | |

Your child/children's details

| | |
|-----------------------------------|---|
| Year of child's birth (e.g. 2007) | If your child has a disability or additional need please give details here. |
| Child 1 | |
| Child 2 | |
| Child 3 | |
| Child 4 | |

More about you (parent/carer)

| | | |
|--|---|---------------------------------|
| Gender (please tick box) | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Ethnicity (please tick box) | | |
| White: British <input type="checkbox"/> Irish <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Mixed: Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Asian or Asian British: Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Black or Black British: Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Chinese or other Ethnic Group: Chinese <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Language | Is your first language English? (please tick box) | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If no, what is your first language? _____ | | |

Source Where did you get this form? _____

Signed _____

Date _____

* Your details will not be passed on to anyone else.

* You can remove your details from our database whenever you wish.

