



ADMISSION FORM

Previous School/Playgroup _____

CHILD'S SURNAME: _____ FORENAME: _____

OTHER NAMES: _____

Date of Birth ___/___/___

Sex: M F

Home Address * _____ Home Telephone

_____ Post Code _____

Tel Nos: Mother Tel Nos: Father

Mother's Email: _____ Father's Email: _____

Full Name of Legal Parent/s / Guardian _____

DAYTIME EMERGENCY CONTACTS (AFTER PARENTS) :

1st Contact :-
 NAME _____
 ADDRESS _____

 RELATIONSHIP _____
 Telephone Number _____
 Mobile Tel Number _____

2nd Contact:-
 NAME _____
 ADDRESS _____

 RELATIONSHIP _____
 Telephone Number _____
 Mobile Tel Number _____

Doctor's Name: _____ Address: _____ Telephone Number _____

Medical Information: _____

Allergies – Food or Otherwise _____

Further helpful Information:

Religion C of E R.C. Other (Please state)

First Language Home Language Ethnic Origin

Nationality Country of Birth

Travel to school..... Car Bus Walk Bicycle

Any further information which may be helpful to the school _____

***If parents are separated, please advise us of both parent addresses. Thank you.**