

# EASTINGTON PRIMARY SCHOOL - ADMISSION FORM

Admission Number  (for school use only) UPN

Previous School/Playgroup \_\_\_\_\_

CHILD'S SURNAME: \_\_\_\_\_ FORENAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: M  F

Home Address \_\_\_\_\_ Home Telephone:

\_\_\_\_\_

Post Code \_\_\_\_\_

Mobile Tel

Full Name of Legal Parent/s / Guardian \_\_\_\_\_

## DAYTIME EMERGENCY CONTACT :

**1st Contact :-**  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Mobile Tel Number \_\_\_\_\_

**2nd Contact:-**  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Mobile Tel Number \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Telephone Number

**Further helpful Information:**

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

First Language.....  Ethnic Origin ....

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

Any further information which may be helpful to the school \_\_\_\_\_  
\_\_\_\_\_