

Registration Form

PR/A _____

School _____

1. Child's:

Surname / family name on birth certificate _____

Male / Female

All forenames _____

To be known as _____

Date of birth _____

Ethnic origin _____

Birth certificate attached for checking: Yes No

Religion _____

Home language _____

Address: _____

_____ Postcode _____ Home telephone number _____

Date of arrival in UK (if relevant) _____

2. Parent(s) / Guardian(s): who share responsibility for the child.

Name of Father/Guardian

Name of Mother/Guardian

Mr _____

Mrs/Miss/Ms _____

Address _____

Address _____

(if not as above)

(if not as above)

Place of work/contact _____

Place of work/contact _____

Daytime Tel No (& Ext) _____

Daytime Tel No (& Ext) _____

Emergency Contacts:

If day time contact is difficult please give two persons who may be contacted in an emergency to act on your behalf.

Name	Relationship	Daytime Tel No (& Ext)	Location of contact
1 _____	_____	_____	_____
2 _____	_____	_____	_____

3. Custody and Court Orders:

The school needs to know of any Court Orders affecting your child, please indicate whether any Order is in force for your child: Yes No

If so, please specify (eg residence, contact/access, prohibited steps, specific issues) _____

Please indicate which Court made the Order and the date: _____

Child's surname _____ Male / Female Date of birth _____

Other names _____

Address _____

Any previous surname: _____

School stamp

Name of previous school (if any) and address

(This slip should be detached and forwarded as required to the District Health Authority by the Headteacher when the child has been admitted).

4. Other children in the family (ie names, relationship, ages)

5. Family doctor

Name _____

Address _____

Telephone number _____

Other services

Other services that have been recently involved with the child (eg Social Services; Educational Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teacher Advisers; Assessment Unit; Diagnostic Unit etc)

6. Child's health Health concerns (eg hearing, sight, special conditions, need for regular medication etc). Attach additional details if necessary.

7. Previous and present schools attended: if any, including nursery school, playgroup, pre-school group.

School, playgroup etc.	Address	Date of admission	Date of last attendance	Reason for leaving

8. Other information

Is there any other information you feel we should be aware of (contact language; religious considerations relating to custom, dress or prohibition; special diet etc)? If either parent is a member of HM forces please give details.

Travel to School: Walk Car Public transport
Lunch arrangements: Sandwiches School lunch Home

Note: Completing this form does not necessarily imply the school has agreed to accept your child.
This information may be stored electronically by the school.

Signature of parent / guardian _____

Date _____

Contact the school if you wish to talk about this form or would like to fill it in with the Headteacher