

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 (e.g. 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 (e.g. 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



REGISTRATION FORM

PR/A

School

1. Child's:

- Surname/family name on birth certificate: Male/Female
- All forenames:
- Date of birth:
- Birth certificate attached for checking: Yes / No
- Address:
- Postcode: Home telephone number:
- Date of arrival in UK (if relevant):
- To be known as:
- Ethnic origin:
- Religion:
- Home language:

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

- | | |
|--|---|
| - Name of Father/Guardian:
Mr | - Name of Mother/Guardian:
Mrs/Ms/Miss |
| - Address:
<i>(if not as above)</i> | - Address:
<i>(if not as above)</i> |
| - 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, (e.g. 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:

Name of previous school (if any) and address:
.....
.....
.....

School Stamp



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