



PARTICULARS OF CHILD ON ADMISSION TO SCHOOL

This information may be computerised and used for administration purposes. All personal information which is computerised has to be registered and may be used and disclosed only as described in the Data Protection Act

DATE OF ADMISSION			
CHILD'S SURNAME:		GENDER: M / F	
FORENAMES:		DATE OF BIRTH	
HOME ADDRESS:			
HOME TELEPHONE NUMBER:			
ARMED FORCES/SERVICE CHILD: YES/NO			
PREFERRED MOBILE NUMBER FOR PARENTAL CONTACT:			
PREFERRED EMAIL ADDRESS FOR PARENTAL CONTACT:			
NAMES OF PARENT(S)/GUARDIAN(S) WITH WHOM CHILD LIVES:			
MR.		* Father/Guardian/Stepfather	
Landline and Mobile Number:			
Email address:			
MRS/MS/MISS		*Mother/Guardian/Stepmother	
Landline and Mobile Number:			
Email address:			
Are natural parents separated? YES/NO If Yes, who has legal parental responsibility: Mother/Father/Joint			
If separated does the other parent wish to receive copies of correspondence direct from school? If YES, please complete name, address, telephone number below:			
Email address:			
NAMES AND AGES OF BROTHERS & SISTERS:			
HOME LANGUAGE	RELIGION	NATIONALITY	ETHNIC GROUP
LAST SCHOOL ATTENDED WITH DATES:			
EMERGENCY CONTACT: please place in order that you wish for them to be contacted (eg Mother/Father's work/Grandparents/Other Relative/Friend/Neighbour)			
1. NAME:		TELEPHONE:	
Relationship to child:			
2. NAME:		TELEPHONE:	
Relationship to child:			
3. NAME:		TELEPHONE:	
Relationship to child:			

NAME OF FAMILY DOCTOR & PRACTICE ADDRESS

TELEPHONE:

MEDICAL PROBLEMS: This information will be treated in the strictest confidence. It is vital that we know of any problems, handicaps, allergies etc. Please indicate any action which needs to be taken and drugs which must/must NOT be given

