Surname:…………………………………………………………….. Forename: …………………………………………………………………. Middle Names: …………………………………………………

Chosen Name:………………………………………… Gender: M/F Date of Birth:………………………………………… \*Please bring birth certificate to the school office

Address: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Postcode: …………………………………………………… Telephone: …………………………………………………………………… Mobile:……………………………………………………………………

Please given details below of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

Name Relationship to child Address Telephone (s) Priority

Doctors Name: ……………………………………………………… Address ……………………………………………………………………………………………. Telephone:……………………………………

Medical information which school should be aware of (Continue over if needed)………………………………………………………………………………………………………………….....

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Does your child have a disability? YES/NO Details:……………………………………………………………………………………………………………………………………………………………………..

Is your child eligible for free school meals? YES/NO \*If you are unsure and would like more information please speak to the school office

Ethnic Background: …………………………………………………………… Home language: ………………………………………………………….. Religion: ……………………………………………..

Previous nursery setting or school attended: …………………………………………………………………………………………………………………………………………………………………………..