

# Broadbottom Church of England Primary School

## ADMISSION FORM



### ALL SECTIONS TO BE COMPLETED BY PARENTS/CARER

FULL NAME OF CHILD.....

DATE OF BIRTH.....

ADDRESS AND POSTCODE.....

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HOME TELEPHONE NUMBER..... AGE..... MALE/FEMALE.....

MOTHERS NAME..... MOBILE NO.....

MOTHERS OCCUPATION..... WORK NO.....

FATHERS NAME..... MOBILE.....

FATHER'S OCCUPATION..... WORK NO.....

OTHER CHILDREN IN FAMILY

NAME..... NAME..... NAME.....

SEX..... SEX..... SEX.....

AGE..... AGE..... AGE.....

### DAYTIME EMERGENCY CONTACTS – THIS SECTION MUST BE FILLED IN

**THE PEOPLE NOMINATED BELOW MUST BE ABLE TO COLLECT YOUR CHILD FROM SCHOOL IN CASE OF ILLNESS OR ACCIDENT IF PARENTS ARE NOT AVAILABLE**

NAME.....

ADDRESS.....

EMAIL.....

TELEPHONE NUMBER.....

RELATIONSHIP TO CHILD.....

### MEDICAL INFORMATION

NAME OF DOCTOR..... TELEPHONE.....

ADDRESS OF SURGERY.....

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OTHER HELPFUL INFORMATION: (ALLERGIES, MEDICATION, INJECTIONS, GLASSES, HEARING DIFFICULTIES (PLEASE LIST BELOW). Please complete the enclosed Medical Form with detailed information.

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CHILD'S PREVIOUS SCHOOL..... TELEPHONE.....

RELIGION.....

HOME LANGUAGE.....

ETHNIC GROUP (e.g. European, Chinese, Indian etc.).....

Dinner arrangements: School meals/sandwiches.....

If your child is vegetarian please specify ie.Vegan/Pescatarian.....

SIGNATURE.....PARENT/CARER DATE.....