

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.....

MOTHER'S EMAIL ADDRESS.....WORK NO.....

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

FATHER'S EMAIL ADDRESS.....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.....

Dinner arrangements:

School meals/sandwiches.....

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

HOME/FIRST LANGUAGE:

English.....

Other than English.....

Other.....

Refused.....

RELIGION:

Christian

Buddhism.....

Hindu.....

Jewish.....

Muslim.....

Sikh.....

No Religion.....

Refused.....

ETHNIC GROUP:

White – British.....

White – Irish.....

Traveller of Irish heritage.....

Any other white background.....

Gypsy / Roma.....

White and Black Caribbean.....

White and Black African.....

White and Asian.....

Any other mixed background.....

Indian.....

Pakistani.....

Bangladeshi.....

Any other Asian background.....

Black Caribbean.....

Black – African.....

Any other Black background.....

Chinese.....

Any other ethnic group.....

Refused.....

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