



Sandford St. Martin's

PRIMARY SCHOOL

Registration Form

Please return to the school office

Child's Legal Surname:	Forename:
Date of Birth:	Other Name(s):
Pupil's Home Address:	
Postcode:	
Home telephone number:	Mobile number:

Please provide the name and contact details for ALL adults that live at this address with the Child

Full Name of Parent/Carer:	
Relationship to Child:	Home Tel number:
Email:	Mobile Tel number:
Full Name of Parent/Carer:	
Relationship to Child:	Home Tel number:
Email:	Mobile Tel number:

Legally we are required to know the details of ALL adults who have **parental responsibility** for the child shown above. Please complete the boxes below.

Full Name: Mr/Mrs/Ms	
Address (if unknown, please indicate):	
Postcode:	
Email Address:	Relationship to child
Home Tel No:	Mobile Tel No:
Is the child resident at this address: YES/NO	
Full Name: Mr/Mrs/Ms/Miss	
Address (if unknown, please indicate):	
Postcode:	
Email Address:	Relationship to child:
Home Tel No:	Mobile Tel No:
Is the child resident at this address: YES/NO	
Is your child in receipt of Early Years Pupil Premium Funding?	YES/NO
Name and telephone number of previous playgroup/nursery	
Name and telephone number of previous school	



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P R I M A R Y S C H O O L

EMERGENCY INFORMATION

Please give the details of up to two other persons who may be contacted in the event of an emergency and can act on your behalf:

Name of contact:	Name of contact:
Relationship to child:	Relationship to child:
Contact Tel number:	Contact Tel number:

MEDICAL

Name, address & telephone number of family doctor:	
Special Health Considerations - Please indicate anything which may affect your child's education, e.g. Allergies, hearing or eye sight problems, asthma, diabetes, epilepsy and medication prescribed, if any. Please attach additional information if necessary.	
Country of birth:	Religion:

Declaration: This declaration should be signed by a parent/carer, with whom the child is resident.

I confirm that the information on this form is correct to the best of my knowledge and belief.

Signature of Parent/Carer:	Date:
Print Name:	

ANY OTHER INFORMATION

Please use the space below for any other information you feel we may need to know



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P R I M A R Y S C H O O L

HOW YOUR CHILD WILL BE COLLECTED FROM SCHOOL AT THE END OF EACH SCHOOL DAY

Name of child _____ Class _____

Please indicate which applies

- I, the parent/carer..... will collect my child from school
AND/OR
- I give permission for the following persons to collect my child from school in my absence:

<u>Person Collecting:</u>	<u>Contact phone number</u>	<u>Relationship to child</u>	<u>Day(s) this person will collect</u>
1.....	M/T/W/Th/Fr/Anytime
			M/T/W/Th/Fr/Anytime
2.....	M/T/W/Th/Fr/Anytime
3.....	M/T/W/Th/Fr/Anytime
4.....	M/T/W/Th/Fr/Anytime
5.....	M/T/W/Th/Fr/Anytime