St Andrew's C of E Primary School

Kay Road, Stockwell, SW9 9DE

| | Date this form was registered: Class (Office use only) (Office use only) | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| Child's Full Name: | Gender: | | | | | |
| Date of Birth: | | | | | | |
| Home Address: | Home Telephone Number | | | | | |
| | Post Code: | | | | | |
| Languages spoken: | | | | | | |
| Parents Information | | | | | | |
| Mother's name: | Father's name: | | | | | |
| Address if different from child's home address: | Address if different from child's home address: | | | | | |
| Work Telephone No: | Work Telephone No: | | | | | |
| Mobile Telephone No: | Mobile Telephone No: | | | | | |
| Languages Spoken at home: | Languages Spoken at home: | | | | | |
| Ethnic Background: | Ethnic Background: | | | | | |
| Country of Origin: | Country of Origin: | | | | | |
| See attached details | | | | | | |
| Emergency Contact Details (Please list in order of prior | prity) | | | | | |
| Name: Relationship to child: | 1 Name: 3 Relationship to child: | | | | | |
| Address: | Address: | | | | | |
| Telephone Number: | Telephone Number: | | | | | |
| Name: Relationship to child: Address: | 2 Name: 4 Relationship to child: | | | | | |
| | Address: | | | | | |
| Telephone Number: | Telephone Number: | | | | | |
| | | | | | | |

| Are you a member of a | Yes | No | Name of Church: | | | | | | | |
|--|--|---|-----------------|----------------|---------|---|------------|----|-----------|--|
| Christian Church: | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | /ha: : : | | | | | | | | |
| Please attach reference of | Vicar/Priest | /Minister: | | | | | | | | |
| If no, are you a member of another faith | Yes | No | Name | Name of Faith: | | | | | | |
| | I | | I | | | | | | | |
| Health and Special Nee | ds | | | | | | | | | |
| Does your child suffer from a medical condition? Yes No | | | | | | Name and Address of GP: | | | | |
| If yes please give details | | | | | Tel No: | | | | | |
| if yes please give details | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Dleace continue on a cenarate cl | heet if necess | arı/ | | | | | | | | |
| Please continue on a separate sheet if necessary Does your child have any of the following? | | | | | | Ye | !S | No | | |
| Allergies | | | | | | | | | | |
| Impaired Vision | | | | | | | | | | |
| Hearing Difficulties | | | | | | | | | | |
| Learning Difficulties | | | | | | | | | | |
| Special Needs Specify. | <u>, </u> | | | | | | | | | |
| Statement Specify. | : | | | | | | | | | |
| <u> </u> | | | | | 1 | | | | | |
| School Meals | | School/Nursery/Creche Facilities Previously attended: | | | | School/Nursery/Creche Facilities Previously attended: | | | | |
| Please tick | | Name: | | | | Name: | | | | |
| Paid Meals | | Address: | | | | Address: | | | | |
| Free Meals | | | | | | | | | | |
| Packed Lunch | | | | | | | | | | |
| Home | | Telephone No: | | | | Telephone No: | | | | |
| Reason for Leaving pre | | - 1 | | | | • | | | | |
| School/s | | | | | | | | | | |
| | | | | | | | | | | |
| I give permission for my ch | nild to he se | en hy the | | ianat | ure of | Parent/G | Guardian | | Delete as | |
| school nurse/Medical Officer. | | | | | ui C 0i | r ar crity c | adi didi i | | necessary | |
| I give permission for my cl | | short | | | | | | | | |
| educational visits. | | | | | | | | | | |
| Office Use Only | | | | | | | | | | |
| | | | | | | | | | | |
| Accept | | Offer Date | | | | Sibling | | | | |
| Decline | | Start Date | | | | | | | | |
| In Catchment Yes | No | Class | | | | | | | | |