

Pupil Registration Form

Child’s First name:

Child’s Last name:

Child’s Date of Birth:      (DD/MM/YY)

Year group applying for:

When would you like your child to start?

Ethnicity: Choose an item.

Address:

Postal Code:

Mother’s Full name:       Mother’s mobile number:

Mother’s email:       Father’s Full name:

Father’s mobile number:       Father’s email:

Do both parents have parental responsibility for the child?       (Yes/no)

If no please give details:

Current/previous school name:

Have there been any disciplinary and/or emotional issues concerning this pupil?       (Yes/No)

If so, please give details:

Has the pupil ever been excluded or suspended form a previous school?       (Yes/No)

If so, please give details:

Has an educational evaluation been undertaken?       (Yes/No)

If so, please give details:

Relevant medical information & allergies:

How did you hear about us?

Are you happy to have your contact details on the school contact list distributed to parents?       (Yes/No)

Signature:       Date:       (DD/MM/YY)