



CHRISTCHURCH INFANT SCHOOL REGISTRATION FORM

CHILD'S SURNAME:	FORENAME(s):
Date of Birth:	GENDER: (M/F)
HOME ADDRESS:	
POSTCODE:	
HOME TELEPHONE:	

<p>1) PARENT/GUARDIAN</p> <p>SURNAME: (Mr/Mrs/Miss/Ms)</p> <p>FORENAME:</p> <p>RELATIONSHIP TO CHILD:</p> <p>ADDRESS:</p> <p>MOBILE TELEPHONE:</p> <p>EMAIL:</p>	<p>2) PARENT/GUARDIAN</p> <p>SURNAME: (Mr/Mrs/Miss/Ms)</p> <p>FORENAME:</p> <p>RELATIONSHIP TO CHILD:</p> <p>ADDRESS:</p> <p>MOBILE TELEPHONE:</p> <p>EMAIL:</p>
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Email addresses of those with Parental Responsibility will automatically be uploaded to our parent communication system, Parentmail. Please contact the school in writing if you do not wish to use this system.

<p>IS THERE A LEGAL ORDER IN PLACE?</p> <p>IF YES, PLEASE PROVIDE A COPY FOR OUR RECORDS</p>
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If a pupil is ill, or needs to be sent home for another reason parents/carers will be contacted on the above numbers. Please give two additional contacts who must live within travelling distance of the school who we can contact on your behalf if we are unable to reach you.

NAME, HOME ADDRESS & HOME TELEPHONE NUMBER	RELATIONSHIP TO CHILD	DAYTIME PLACE & TELEPHONE NUMBER IF DIFFERENT FROM HOME ADDRESS AND HOME TEL. NO.	MOBILE NO.

USUAL MODE OF TRAVEL: (CAR/BUS/WALK)

NAME OF CHILD'S DOCTOR:

ADDRESS:

TELEPHONE NO:

MEDICAL CONDITIONS:

SPECIAL EDUCATIONAL NEEDS:

NATIONALITY:

COUNTRY OF BIRTH:

RELIGION:

ETHNIC ORIGIN:

FIRST LANGUAGE:

HOME LANGUAGE:

NAME AND ADDRESS OF PREVIOUS SCHOOL/PLAYSCHOOL:

ARE YOU A TRAVELLING FAMILY? YES/NO

Gypsy/Roma Irish Heritage Housed New Traveller Circus Fairground Bargee (Circle as appropriate)

ARE YOU A CURRENT MEMBER OF THE REGULAR ARMED FORCES? YES/NO

SIBLINGS IN INFANT/JUNIOR SCHOOL:

IS CHILD IN CARE OF LA (FOSTERED) ?

EMERGENCY MEDICAL TREATMENT

If your child has an accident or suffers an illness whilst at school, we need to have your permission for him/her to receive emergency medical treatment if necessary. This consent covers the whole period your child spends at Christchurch Infant School.

Of course, in the event of an emergency, every effort would be made to contact you and a full list of names, addresses and emergency telephone numbers is taken on every visit outside of school.

Please complete and sign below:-

NAME OF CHILD

I consent to medical treatment being given to my child in the event of an accident or illness in school.

Signature of parent/guardian

Date