

Beech Green Primary School
PLEASE COMPLETE AND RETURN TO SCHOOL – THANK YOU
REGISTRATION FORM

Surname:	Forename:
Middle Name (s):	Chosen Name:
Gender: (F or M)	Date of Birth: / /

Brother / Sister sibling in school (Y/N): Name: _____

Year: ____ Gender: _____ (F or M)

Parent/Guardian/Contact Information:

Please give details of all persons who have Parental Responsibility and anyone else you wish to be contacted in an emergency. Place them in the order you wish them to be contacted in an emergency.

Mother's Surname: Title: Forename: Home address: Post Code: E-mail address:	Contact Priority number: Gender (M/F): Day Tel. No.: Day Place: Home Tel. No.: Mobile No: Parental Responsibility(Y/N): Relation:
Does the pupil live at this address? (Y/N):	Armed Forces Personnel? (Y/N)

Father's Surname: Title: Forename: Home address: Post Code: E-mail address:	Contact Priority number: Gender (M/F): Day Tel. No.: Day Place: Home Tel. No.: Mobile No: Parental Responsibility(Y/N): Relation:
Does the pupil live at this address? (Y/N):	Armed Forces Personnel? (Y/N)

CON - Contact Person	FOS - Foster Parent	GRD - Guardian	GRP - Grandparent
CHI - Childminder	NGB - Neighbour	OTH - Other	PAR - Parent
PRB - Probation Service	REL - Any other relative	SOC - Social Services	STP - Step-parent

Contact's Surname: Title: Forename: Home address: Post Code:	Contact Priority number: Gender (M/F): Day Tel. No.: Day Place: Home Tel. No.: Mobile No:
Does the pupil live at this address? (Y/N):	Parental Responsibility(Y/N): Relation:

Contact's Surname: Title: Forename: Home address: Post Code:	Contact Priority number: Gender (M/F): Day Tel. No.: Day Place: Home Tel. No.: Mobile No:
Does the pupil live at this address? (Y/N):	Parental Responsibility(Y/N): Relation:

Contact's Surname: Title: Forename: Home address: Post Code:	Contact Priority number: Gender (M/F): Day Tel. No.: Day Place: Home Tel. No.: Mobile No:
Does the pupil live at this address? (Y/N):	Parental Responsibility(Y/N): Relation:

Educational History: Nursery/ Previous school _____
Date of Admission: ____ / ____ / ____ Date of Leaving: ____ / ____ / ____

How does your child get to school? Walk / Car / Car -share with other children / public transport / other

Ethnic Details:

Ethnic Origin: _____ (e.g. White English, Eastern European, Black Caribbean)

National Identity: _____ (e.g. English, Welsh, Irish, Scottish, British, Other)

First Language: _____

Home Language: _____ **English an Additional Language: (Y/N)** _____

Religion: _____ **Food Allergies:** _____

Medical Details:

Doctor's Surgery: _____

Medical Conditions: _____

