

Beech Green Primary School

REGISTRATION FORM

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

Brother / Sister 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.

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|--|--|
| Mother 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): | |

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|--|--|
| Father 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): | |

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

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

| | | | |
|---|--------------|--|---------------------|
| Contact Surname: | Title: | Contact Priority number: | Gender (M/F): |
| Forename: | | Day Tel. No.: | |
| Home address: | | Day Place: | |
| | | Home Tel.No.: | |
| Post Code: | | 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: _____
i.e. WENG White English, WSCO White Scottish

Medical Details:
Doctor's Name: _____

Home Language: _____
Religion: _____

Surgery: _____
Telephone Number: _____

Medical Information: _____

