

# 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.**

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): .....	

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): .....	

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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: \_\_\_\_\_

