

PUPIL REGISTRATION FORM
Leftwich Community Primary School

1. Details of Child

First Name(s) Surname

Date of birth Male/Female

Home address

.....

Post Code Home Tel. No.

Previous School (if any)

Pre-school playgroups/nurseries attended:

.....

2. Details of Parents

Name and Title of Adult with Parental Responsibility

Relationship to child

Address (if different from child)

.....

Post Code Tel. No.

Email

Name and Title of Adult with Parental Responsibility

Relationship to child

Address (if different from child)

.....

Post Code Home Tel. No.

Email

3. In an Emergency who should the school contact? (Parent/relative/neighbour)

Name Tel. No.

Name Tel. No.

4. Others Having Parental Responsibility

(a) Name

Address

Tel. No. (home) Work

5. Medical Information

Name of Doctor

Surgery address

Tel. No.

Does your child have a long-term medical condition of which the school needs to be aware?
.....

Who is nominated to give consent to medical treatment?
.....

6. Special Needs

Does your child have any special educational needs? If so please give brief details.
.....
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7. Free school meals / Dietary Requirements

Is your child entitled to free school meals? Yes/No

Tel No 0300 1237039 – Parents Free School Meals Helpline

Does your child have any special dietary requirements?

8. Birth Certificate

Please attach a copy of your child's birth certificate or provide the original and we will return it to you.
If applicable please attach an adoption certificate.