

WHITLEY CHAPEL CE FIRST SCHOOL
ADMISSION INFORMATION

Child's Full Name _____ Date of Birth _____

Address _____

_____ Post Code _____

Tel: _____ Email _____

Parental Contacts

Mother's full Name: : _____ Occupation _____

Place of work: _____ Telephone Nos: _____

Father's Full Name: _____ Occupation _____

Place of work: _____ Telephone Nos _____

Address (if different from above) _____

_____ Post Code _____

How would you like correspondence addressed: _____

Previous School: _____

Address: _____

Name and Address of Doctor: _____

Child's Health (Any problems we need to know about)

Ethnicity _____ First Language _____
Nationality: _____ Religion: _____

Method of transport to and from school: _____

Will your child have:

School Dinners @ £2 per day: _____

Packed Lunch: _____

Milk @ £10 per term: _____ (free until 5th birthday)

Emergency Contacts: (Please give one or more contacts if we are unable to contact you,)

Name: _____ Relationship: _____

Contact Phone Numbers: _____

Name: _____ Relationship: _____

Contact Phone Numbers: _____

Name: _____ Relationship: _____

Contact Phone Numbers: _____

Name: _____ Relationship: _____

Contact Phone Numbers: _____

Name and dates of birth of other children in the family: _____

Signature of Parent/Guardian _____

Date: _____