

TREDINGTON PRIMARY SCHOOL

Tredington, Tewkesbury, GL20 7BU

Tel/Fax: (01684) 293617

ADMISSION FORM

CHILD'S SURNAME: FIRST NAME:

MALE / FEMALE * DATE OF BIRTH:/...../..... MIDDLE NAME(S):

NAME CHILD LIKES TO BE CALLED: RELIGION:

ETHNIC GROUP: FIRST LANGUAGE (*eg. English*):

COUNTRY OF BIRTH: NATIONALITY:

DINNER ARRANGEMENTS: School Meal / Sandwiches **OR** Are you currently entitled to Free School Meals? **YES / NO ***

TRAVEL TO SCHOOL BY: Car / School Bus / Walk *

PREVIOUS SCHOOL / PRE-SCHOOL ATTENDED:

NAME: DATES: *from* *to*

ADDRESS & TEL NO. :

NAMES & AGES OF SIBLINGS, INCLUDING THOSE ALREADY ATTENDING TREDINGTON SCHOOL, IN AGE ORDER:

.....

CHILD'S HOME ADDRESS: TELEPHONE NUMBER AT THIS

..... ADDRESS:

POST CODE: EMAIL (used for newsletter, etc.)

PARENT / GUARDIAN * :

(1) TITLE (*eg. Mr*): SURNAME: FIRST NAME:

RELATIONSHIP TO CHILD: DOES THIS PERSON HAVE PARENTAL RESPONSIBILITY? **Yes / No ***
(*eg. Father*)

HOME ADDRESS IF NOT SAME AS CHILD'S:

(2) TITLE (*eg. Mrs*): SURNAME: FIRST NAME:

RELATIONSHIP TO CHILD: DOES THIS PERSON HAVE PARENTAL RESPONSIBILITY? **Yes / No ***
(*eg. Mother*)

HOME ADDRESS IF NOT SAME AS CHILD'S:

** delete whichever is not applicable*

DAYTIME EMERGENCY CONTACTS (In Order of Priority eg: Mother as priority 1):

PLEASE ENSURE AT LEAST ONE OF THESE CONTACT PHONE NUMBERS IS A LANDLINE (NOT MOBILE)

1) FULL NAME & TITLE: RELATIONSHIP TO CHILD:

PLACE OF CONTACT ADDRESS: TEL NO:
MOBILE:

2) FULL NAME & TITLE: RELATIONSHIP TO CHILD:

PLACE OF CONTACT ADDRESS: TEL NO:
MOBILE:

3) FULL NAME & TITLE: RELATIONSHIP TO CHILD:

PLACE OF CONTACT ADDRESS: TEL NO:
MOBILE:

4) FULL NAME & TITLE: RELATIONSHIP TO CHILD:

PLACE OF CONTACT ADDRESS: TEL NO:
MOBILE:

DOCTOR: TELEPHONE NO:

ADDRESS:

MEDICAL INFORMATION

DOES YOUR CHILD SUFFER FROM ANY ILLNESS OR DISABILITY? YES / NO *

DETAILS PLEASE:

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES OR FOOD SENSITIVITY? YES / NO *

DETAILS PLEASE:

DECLARATION

I / We * confirm that the information contained on this form is correct.

I / We * understand that by completing this form it does not guarantee a place at Tredington Primary School. Admissions will be administered in accordance with Gloucestershire County Council guidelines.

Signed:(Parent/Guardian) Date:

Signed:(Parent/Guardian) Date: