REGISTRATION AND ADMISSIONS FORM

GREET OFFICE USE ONLY

SIBLING(S) IN SCHOOL: YES/NO Date of Admission.....

Class.....

Year Group Required.....

Previous Nursery/School:.....

Are they still attending?: YES/NO

Is this the child's first school in the UK?: YES/NO

If yes please state last country of schooling: .....

Proof of ID Seen (Initial & Date):
Proof of address ( ) Birth Certificate ( ) Passport ( )

CHILD'S DETAILS

First Name(s): ..... Surname: .....

Preferred Name: .....

Date of Birth: ..... Gender: .....

Address:.....

..... Post Code.....

Country of Birth: ..... Nationality: .....

Ethnicity: ..... Religion: .....

Main language spoken: .....

Language(s) spoken at home: .....

PARENT / CARER DETAILS

Contact 1 Are you:

Parent YES / NO Guardian YES / NO Carer YES / NO Parental Responsibility YES/NO

Do you live at the same address as the child ? Yes / No

Name (Mr/Mrs/Miss/Ms): .....

D.O.B: .....

Address (if different to the child): .....

..... Postcode.....

N.I Number: .....

Tel: Home: ..... Mobile: .....

Email Address: .....

Work Details

Job Title: .....

Place of work: .....

Contact number: .....

Contact 2 Are you:

Parent YES / NO Guardian YES / NO Carer YES / NO Parental Responsibility YES / NO

Do you live at the same address as the child? Yes / No

Name (Mr/Mrs/Miss/Ms): .....

DOB: .....

Address (if different to the child): .....

..... Postcode.....

N.I Number: .....

Tel: Home: ..... Mobile: .....

Email Address: .....

Work Details

Job Title: .....

Place of work: .....

Contact number: .....

OTHER / EMERGENCY CONTACTS

Please note that all contacts must be aged 18 or over.

Contact 3

Relationship to child: .....

Title: .....

First Name: ..... Surname: .....

Does the child reside with this contact? YES / NO

Home Tel: ..... Mobile: .....

Address: .....

..... Post Code.....

Does this contact have permission to collect your child from school? YES / NO

Contact 4

Relationship to child.....

Title.....

First Name..... Surname.....

Does the child reside with the contact? YES / NO

Home Tel ..... Mobile .....

Address: .....

..... Post Code.....

Does this contact have permission to collect your child from school? YES / NO

OTHER / EMERGENCY CONTACTS CONTINUED

Please note that all contacts must be aged 18 or over.

Contact 5

Relationship to child: .....

Title: .....

First Name: ..... Surname: .....

Does the child reside with the contact? YES / NO

Home Tel: ..... Mobile: .....

Address: .....

..... Post Code: .....

Does this contact have permission to collect your child from school? YES / NO

Contact 6

Relationship to child: .....

Title: .....

First Name: ..... Surname: .....

Does the child reside with the contact? YES / NO

Home Tel: ..... Mobile: .....

Address: .....

..... Post Code: .....

Does this contact have permission to collect your child from school? YES / NO

SIBLINGS

	1	2	3
Name			
D.O.B.			
Year/class			
Name of school attended			
Is sibling on Greet's waiting list?			

MEDICAL & SPECIAL EDUCATIONAL NEEDS

GPs Name: .....

Address:.....

.....

..... Post Code: .....

Tel No:.....

SPECIAL EDUCATIONAL NEEDS:

Please specify any special educational needs or disabilities that your child has:

.....

.....

.....

.....

Are these formally diagnosed? *Please detail and provide copies of related paperwork.*

.....

.....

Please list any agencies or specialist services involved:

.....

.....

MEDICAL NEEDS:

Does your child have any particular needs: i.e. medical / diet /allergies

.....

.....

.....

.....

Other agencies involved; e.g. clinics, services.

.....

.....

Religious / Dietary needs

.....

SPECIAL CIRCUMSTANCES

Is the child in care of a local authority? YES / NO

If yes, which local authority? .....

Is the child in foster care? YES / NO

If yes, which local authority? .....

Are there any legal orders in place? YES / NO

Has the child previously been in local authority care? YES / NO

If yes, which local authority? .....

Are parents / carers in the Armed Forces? YES / NO

OFFICE USE ONLY:

MEALS

Is the family in receipt of a benefit which allows free school meals? YES / NO

We will need both parents National Insurance numbers and DOB to enable an online free school meal check

Universal Free Meal **Paid Dinners** **Benefit Based FSM** **Packed Lunch**

FURTHER INFORMATION/ADDITIONAL NEEDS

Parent / Carer Signature..... **Date**.....

Parent / Carer Signature..... **Date**.....