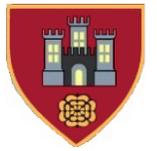




Moorside Primary Academy Admission Form



Child's Full Name: _____

Male/Female

Date of Birth: _____

Address: _____

Post code: _____

Home tel. No: _____

E-mail address: _____

Mother/Carer Name in full (Miss/Ms/Mrs): _____

Mother's Occupation and place of work: _____

Tel.No: _____ Mob. No: _____

Address (if different to child's address): _____

Father/Carer Name in full: _____

Fathers Occupation and place of work: _____

Tel.No: _____ Mob. No: _____

Address (if different to child's address): _____

Emergency Contacts:

1st Contact	2nd Contact	3rd Contact
Name:	Name:	Name:
Relationship to child:	Relationship to child:	Relationship to child:
Tel No:	Tel No:	Tel No:
Address:	Address:	Address:

(Please continue over) →

Brother/Sister in school or nursery: (Please state name and class) _____

Name of previous school/nursery (if applicable): _____

Ethnicity/Cultural

Child's Religion: _____ Child's Nationality: _____

Child's Country of Birth: _____

Ethnic Origin: Please circle White British / African / Afro-Caribbean / Asian / Chinese / Mixed Race

Other: (Please State) _____

Language spoken at home if English is the 2nd Language: _____

Medical Information

Doctors Name: _____

Address _____

Tel.No. _____

Medical Conditions: (e.g. Allergies, Asthma, Diabetes, Epilepsy, Sight, Hearing etc)

Other Relevant Information: (e.g. special educational needs, learning difficulties)

Mode of travel to school

Please circle how you travel to school: Walk /Bus/Car/Cycle/Other _____

Signed (Parent/Carer) Date: _____

Office use only:

Admission No: Admission Date: Class: