

ST. MATTHEW'S C.E.PRIMARY ACADEMY

ADMISSION FORM

Child's Surname: _____ Forename(s): _____

Date of Birth: _____

Gender: M/F ____ Any other children currently attending St. Matthew's: _____

Address: _____ Postcode: _____

Home Tel No: _____

Mother's Full Name: _____ Father's Full Name: _____

Mother's Address _____ Father's Address _____

Post Code _____ Post Code _____

Mobile No: _____ Mobile No: _____

Parent Email Address: -----

Mode of travel to school: Walk/Car/Bus/Taxi _____

Allergies: _____

Doctor's Surgery Name: _____ Doctor's Address: _____

Any medical information that school should be aware of: _____

Ethnic Group: _____ Religion: _____

Language/s spoken at home: _____

Does your child speak/understand English _____ Birth certificate attached: Yes/No

Previous School (if any): _____ Date last attended: _____

Please complete emergency contact details overleaf

EMERGENCY CONTACT DETAILS

1st Priority Emergency Contact (usually parents)

Surname: _____ Forename; _____ Title: _____

Home Address: _____ Post Code: _____

Tel: _____ Mobile No. _____

Relationship to child: _____ Parental responsibility Yes/No.

E.g. Parent/Guardian/Guardian/etc

.....

2nd Priority Emergency Contact

Surname: _____ Forename; _____ Title : _____

Home Address: _____ Post Code: _____

Tel: _____ Mobile No: _____

Relationship to child: _____ Parental responsibility Yes/No.

Eg Parent/Grandparent/Guardian/etc

.....

3rd Priority Emergency Contact

Surname: _____ Forename; _____ Title: _____

Home Address: _____ Post Code: _____

Tel: _____ Mobile No: _____

Relationship to child: _____ Parental responsibility: Yes/No

E.g. Parent/Grandparent/Guardian etc

.....

Signed: _____
Parent/Guardian

Date: _____