

HARESIDE PRIMARY SCHOOL AND NURSERY CLASSES

Surname:		Forename:	
Middle Name(s):		Chosen Name:	
Gender:		Date of Birth:	
Address:			
Post Code:		Tel:	Admission Date:
<i>Mother's Name:</i>		<i>Father's Name:</i>	
<i>Address:</i>		<i>Address:</i>	
<i>Post Code:</i>		<i>Post Code:</i>	
<i>Telephone:</i>		<i>Telephone:</i>	
<i>Mobile:</i>		<i>Mobile:</i>	
<i>Place of work:</i>		<i>Place of work:</i>	
<i>Telephone:</i>		<i>Telephone:</i>	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

Place them in the order you wish them to be contacted in an emergency.

Please notify school of any changes as soon as possible.

Priority	Name - Relationship	Address	Telephone numbers
1			
2			
3			
4			

Names of brothers or sisters	Date of birth

See overleaf.....

Name _____

Playgroup or Nursery attended:

Previous school

Doctor:	Address:
Telephone:	
Medical Information:	
Dentist:	Address:
	Telephone:

Ethnic Origin:	Home Language:	Religion:
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Select from below:-

<u>Ethnic origin</u>		<u>Religion</u>
British	Black Caribbean	Anglican
Irish	Any other Black background	Baptist
Traveller/Irish Heritage	Chinese	Other Christian
Gypsy/Romany	Indian	Hindu
Any other white background	Pakistani	Jewish
White/Asian	Bangladeshi	Methodist
White/Black Caribbean	Any other Asian background	Muslim
White/Black African	Any other Ethnic group	No religion
Any other mixed background	Refused	Roman Catholic
African		Sikh
		United Reformed Church
		Other

Mode of travel	Bus	Car/Van	Car Share	Cycle	Taxi	Walk
(Please tick one)						

Please tick this box if either parent/guardian in full time HM Forces

HARESIDE NURSERY

Name _____ d.o.b. _____

Particular interests if any:

Any fears:

First School you wish your child to attend: _____

Any further information which you consider would be helpful (eg allergies, physical problems)

