

**ADMISSION FORM**

**Please complete in BLOCK CAPITALS**

Surname of Child \_\_\_\_\_ First Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Post code \_\_\_\_\_

Home tel No \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Mother's** full name Mrs/Miss/Ms \_\_\_\_\_

Address if different from child's \_\_\_\_\_

Tel Numbers work \_\_\_\_\_ mobile \_\_\_\_\_

**Father's** full name \_\_\_\_\_

Address if different from child's \_\_\_\_\_

Tel Numbers work \_\_\_\_\_ mobile \_\_\_\_\_

Health details

1. Family doctor and address \_\_\_\_\_

2. Any physical disabilities \_\_\_\_\_

3. Hearing, speech or sight difficulties \_\_\_\_\_

4. Any major illnesses or injuries \_\_\_\_\_

5. Asthma \_\_\_\_\_ Allergies \_\_\_\_\_

Other children in the family:

Full name	Date of Birth
_____	_____
_____	_____
_____	_____

Name of Pre-school/Playgroup/nursery attended \_\_\_\_\_

Address \_\_\_\_\_

Tel No \_\_\_\_\_

Any further information which might be useful (Additional sheet may be used if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



\* for office use only

\*Birth Certificate Number \_\_\_\_\_