



WEETON PRIMARY SCHOOL

PUPIL REGISTRATION FORM



PLEASE USE BLOCK CAPITALS AND COMPLETE BOTH SIDES

FORENAME IN USE: _____ SURNAME IN USE: _____

LEGAL FORENAME(S): _____ LEGAL SURNAME: _____

HOME ADDRESS: _____ MALE / FEMALE: _____

DATE OF BIRTH: _____

POSTCODE: _____ HOME TEL NO: _____

NUMBER, RANK AND COMPANY OF PARENT: _____
(IF APPLICABLE)

FULL NAME OF MOTHER: _____

WORK/MOBILE NO: _____

FULL NAME OF FATHER: _____

WORK/MOBILE NO: _____

ANY OTHER CONTACTS (STATE RELATIONSHIP): _____

PREVIOUS SCHOOL(S) / NURSERY / PRE-SCHOOL: (PLEASE INCLUDE START / LEAVE DATES)

_____ FROM: _____ TO: _____

_____ FROM: _____ TO: _____

_____ FROM: _____ TO: _____

_____ FROM: _____ TO: _____

DOCTOR: _____ **ADDRESS:** _____

ANY MEDICAL ISSUES:

FOR SCHOOL USE ONLY:

START DATE: _____

ADM NO: _____ ROLL NO: _____ UPN NO: _____

MED FORM SENT: _____ RET'D: _____ CLINIC: _____

PLEASE USE BLOCK CAPITALS AND COMPLETE BOTH SIDES

MEALS: HOME / PACKED LUNCH

MILK – INFANTS ONLY: YES / NO (£6 PER TERM)

TRANSPORT: CAR / WALK / SCH BUS

LANGUAGE SPOKEN: ENGLISH / OTHER (PLEASE STATE)

RELIGION: C OF E/ROMAN CATH/BAPTIST/METHODIST/OTHER:

ETHNIC BACKGROUND (PLEASE CIRCLE ONE):

BRITISH

WHITE EUROPEAN

BLACK EUROPEAN

BLACK AFRICAN

OTHER WHITE BACKGROUND (PLEASE STATE)

OTHER BLACK BACKGROUND (PLEASE STATE)

ANY OTHER INFORMATION WE SHOULD KNOW:

SIGNED:

DATE:
