

**ST MARY'S C.E. MIDDLE SCHOOL, PUDDLETOWN**

**PUPIL REGISTRATION FORM**

(Please complete and return to the School Office at the above address as soon as possible.)

Child's Legal Surname .....

Forenames .....

(Surname usually known by, if different .....

Date of Birth ..... Male/Female .....

Child's Address .....

Post Code ..... Home Tel .....

Mob ..... E-mail address .....

Names and ages of brothers and sisters .....

Mother's Name (Mrs/Miss/Ms/other.....)

Father's Name (Mr/other).....

Address and Tel No if different from above

Address and Tel No if different from above

Who has parental responsibility for the child? (Please tick those that apply)

Mother  Father  Step Mother  Step Father  Other person(s)

Does the child live with

Mother  Father  Step Mother  Step Father  Other person(s)

Please confirm if further copies of school reports and newsletters are required and who needs one (i.e. father, mother) YES/NO If YES please give name and full address

Name .....Address .....

**Education**

Previous School Attended .....

Address (if not local) .....

**Emergency Contacts in priority order**

Parents or other person to contact in case of need or emergency.

1. Name ..... Relationship .....

Tel No ..... Mob ..... Work .....

2. Name ..... Relationship .....

Tel No ..... Mob ..... Work .....

3. Name ..... Relationship .....

Tel No ..... Mob ..... Work .....

**Medical Information**

Doctor's Practice ..... Tel No .....

Address .....

Any known allergies? (eg to plaster, aspirin etc)  
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Any other medical information of which the school should be aware? (eg asthma, poor hearing, poor eyesight) .....  
.....

**Additional Information**

Is your child eligible for Free School Meals YES/NO or Service Premium YES/NO

Do we have permission to take photos for the school website and local press? YES/NO

Ethnicity ..... Nationality .....

Home Language ..... Country of Birth .....

Religion .....

Mode of transport to school eg bus/car/walk/taxi .....

Please provide below any other information which you think may be useful.

.....  
.....  
.....

Signature of Parent(s) or person(s) having parental responsibility

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Important: Please notify the school office of any changes to the above information in order that we may keep our records up to date. Thank you