

**Ashchurch Primary School
Admission Form**

Child's Surname:	Forename:																
Other Names:	Gender:																
Date of Birth:	Admission Date:																
Last School/Playgroup Attended:																	
Telephone No:																	
Home Address:																	
Postcode:	Tel:																
Email address:																	
Mother's Title:	First Name:																
Surname:	Carers: Title:																
	First Names:																
Father's First Name:	Surname:																
	Surnames:																
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Emergency Contact 1</td> <td style="width: 50%; text-align: center;">Emergency Contact 2</td> </tr> <tr> <td>Mr/Mrs/Miss/Ms</td> <td>Mr/Mrs/Miss/Ms</td> </tr> <tr> <td>Full Name:</td> <td>Full Name:</td> </tr> <tr> <td>Relation:</td> <td>Relation:</td> </tr> <tr> <td>Address:</td> <td>Address:</td> </tr> <tr> <td>Postcode:</td> <td>Postcode:</td> </tr> <tr> <td>Home Tel:</td> <td>Home Tel:</td> </tr> <tr> <td>Mobile:</td> <td>Mobile:</td> </tr> </table>		Emergency Contact 1	Emergency Contact 2	Mr/Mrs/Miss/Ms	Mr/Mrs/Miss/Ms	Full Name:	Full Name:	Relation:	Relation:	Address:	Address:	Postcode:	Postcode:	Home Tel:	Home Tel:	Mobile:	Mobile:
Emergency Contact 1	Emergency Contact 2																
Mr/Mrs/Miss/Ms	Mr/Mrs/Miss/Ms																
Full Name:	Full Name:																
Relation:	Relation:																
Address:	Address:																
Postcode:	Postcode:																
Home Tel:	Home Tel:																
Mobile:	Mobile:																
Name of Doctor:	Dinner Arrangements																
Address:	School Dinner [] Free Meal []																
Tel:	Packed Lunch [] Go Home []																
Medical Information including food allergies/skin allergies/hay fever etc																	
Medication Taken:																	
Travel to School: Car/Van [] Car Share (with children) [] Cycle [] Public Bus service []																	
Taxi [] Walk []																	

In case of an emergency at school requiring urgent hospital treatment may this be given Yes/No

Signed

Date

P.T.O.