

ENROLMENT FORM

PUPIL DETAI	LS									
Surname										
Forename(s)										
Date of Birth					Previ If Appl		Surna le	ame		
Please provide your	child's birtl	h certificate for e	evidei	nce, whic	ch will be pl	notoc	opied	and re	turr	ned immediately.
Gender		Male		Femal	e	(Pl	lease	Tick))	
Ethnic Origin						e.g.	: Britis	sh, Asia	an, C	Gypsy Roma, Irish Traveller
Religion							Christ	tian, M	usli	m, None etc
Is there a Court C	ere a Court Order on this child? Yes							No		(Please Tick)
Whether or not y is he/she ENTITLE				, <u> </u>	Yes			No		(Please Tick)
Previous school/p	re-schoo	ol (if applicab	le)		 -		_			
Transport to school?						e.g.: walk, school, coach				
I/We give consent to my/our son/daughter (full name) taking part in normal school activities organised to take place outside the school premises.										
MEDICAL INFO	RMATI	ON								
Doctor's Name	:									
Address	:									
						[Tel:			
Any knowi medica conditions	ıI									
I/We give consent to medical or surgical treatment deemed necessary by a qualified medical practitioner or to first aid being administered in the case of my son/daughter(full name) if an emergency should occur at a time when my consent to the particular treatment cannot otherwise be obtained. My/our child has/has not received medical attention for his/her eyesight, hearing, speech, breathing, movement, other (please specify and give details)										

PARENT / GU	ARDIAN DETAILS	1		_						
Surname	First Nam						Title			
Address		•		1						
				Pe	ost Cod	le				
Tel No:										
Is the child resident at this address?				Yes No				(Please Tick)		
Relationship to the child is?					ie: Mother/Father/Stepfather etc					
PARENT / GU	ARDIAN DETAILS	2								
Surname		F	irst Nan	ne				Title		
Address										
	Post Code									
Tel No:										
Is the child resid	dent at this address?			Yes		No		(Please Tick)		
Relationship to	the child is?				ie: M	:: Mother/Father/Stepfather etc				
								·		
DAYTIME CO	NTACT(S)									
1 Nam	e:			2	Na	ame:				
Place/Address:				Place	/Addre	SS				
.										
Post Cod TE					Post C	oae: TEL:				
Relationship				R	elationsl					
chil (eg. Parer	ld:				(eg. Pa	child: arent.				
Neighbou				1						
3 Nam	e:			4 Name:						
Place/Address:				Place	/Addre					
Post Cod	e:				Post C	ode:				
TE	L:					TEL:				
Relationship				R	elationsl	-				
chil (eg. Parer					(eg. Pa	child: arent.				
Neighbou				Neighbour)						
Signed(Father)										
(Legal Guardian) Date										

E-MAIL & TEXT C	OMMUNICATION			
email address we caddresses appear of	we communicate wan add to the school on the emails. If nece	distribution lists. All	l group emails are se l address/mobile nun	ent as BCC so no
e-mail address(es)				
Mobile number(s)				
COUNTRY OF BIRTH	1			
NATIONALITY				
OTHER INFORMA	ATION YOU WOUI	LD LIKE US TO KN	OW:	
For Office use: Other forms returns	ed/signed if appropri	ate:		
Birth Certificate	Permission form	Data notification	Milk/fruit	

Please ensure all email addresses and contact telephone numbers are updated whenever there are changes.

This information is necessary for Little Wrens, The Nest and (if your child subsequent moves into Wrenbury Primary School as a Reception child) will constitute their admission form. Please note: attendance at Little Wrens does not automatically ensure a place in Reception at Wrenbury Primary School. The same admission criteria applies to applications as for children from other preschool settings.

IMPORTANT:

Please could you ensure you include at least one contact (as one of your minimum 3) who is not resident with your child.