KINGFISHER OUT OF SCHOOL ADMISSION FORM

Name of Child: ……. **Date of Birth: …….....**

Known as: …….

Home address: ……

……

…… **Postcode: ……**

Home Tel: ……

Mother's Name: …… **Occupation: ……..**

Workplace: …… **Tel No: …….....**

Mobile No: …… **Email: ……...**

Father's Name: ……... **Occupation: ……**

Workplace: …… **Tel No: …….....**

Mobile No: …… **Email: ……..**

Doctor: …….. **Tel No: ……....**

Medical Information:

……

……

……

Immunisation details:

☐**MMR** ☐**Polio/Diptheria/Tetanus** ☐**Whooping Cough** ☐**Meningitis**

Emergency Contact details:

1. Name: …….. Tel No: ……..
Relationship: ……

2. Name: …….. Tel No: ……..
Relationship: ……

3. Name: …….. Tel No: ……..
Relationship: ……

4. Name: …….. Tel No: ……..
Relationship: ……

Dietary requirements:

……....
……..
……..

Ethnic Origin:

☐Any other Asian background ☐Any other Black background
☐Any other Ethnic group ☐Any other Mixed background
☐Any other White background ☐Bangladeshi ☐Black – African
☐Black – Caribbean ☐Chinese ☐Gypsy/Roma ☐Indian ☐Pakistani
☐Traveller of Irish heritage ☐White – British
☐White – Irish ☐White and Asian ☐White and Black African
☐White and Black Caribbean

National Identity:

☐English ☐Scottish ☐Irish ☐British
☐Welsh ☐Other

Home Language: ..... First Language: .....

Religion:

☐Buddhist ☐Christian ☐Hindu ☐Jewish
☐Muslim ☐No Religion ☐Other Religion ☐Sikh

Mode of Transport:

☐ Car/Van ☐ Bus ☐ Walk ☐ Bicycle

Signed: …….. **Parent/Guardian**

Date: ……..