



Pre-School Pupil Admission Form

Pupil Details

Legal Forename..... Legal Surname

Middle names DOB

Gender Date of Admission

Pupil's Home Address

..... Postcode.....

Home Telephone No.....

Do both parents live with the pupil at the above address? **Please Circle: YES / NO**

Name of Mother/Carer – Mrs/Ms/Miss/Dr/other	Name of Father/Carer – Mr/Dr/other
Address (if not as above)	Address (if not as above)
Home Tel No :	Home Tel No :
Work/Daytime Tel No :	Work/Daytime Tel No :
Mobile Phone No:	Mobile Phone No:
Email Address:	Email Address:

Separated / Divorced Parents Only

Do both parents have Parental Responsibility? **Please Circle: YES / NO**

(if NO please state which parent DOES have parental responsibility)

Name of parent with parental responsibility

Please give details up to three other people who may be contacted on your behalf in case of an emergency.

1 Title: Mr / Mrs / Miss / Ms/ Dr Forename

Surname..... **Daytime Tel No**

Daytime Place (i.e. work/home)

Home address

..... Post Code

Mobile Phone No. Home Phone No.

Please indicate this contact's relationship with the student (ie Step-Parent / Relation / Friend etc.)

.....

2 Title: Mr / Mrs / Miss / Ms/ Dr Forename

Surname..... **Daytime Tel No**

Daytime Place (i.e. work/home)

Home address

..... Post Code

Mobile Phone No. Home Phone No.

Please indicate this contact's relationship with the pupil (ie Step-Parent / Relation / Friend etc.)

.....

3 Title: Mr / Mrs / Miss / Ms/ Dr Forename

Surname..... **Daytime Tel No**

Daytime Place (i.e. work/home)

Home address

..... Post Code

Mobile Phone No. Home Phone No.

Please indicate this contact's relationship with the pupil (ie Step-Parent / Relation / Friend etc.)

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Brothers / Sisters attending or have attended Havannah Primary School

Name

Name

Name

Medical Details

Name of Medical Practice

Address

Please give details of any medical condition, allergies/dietary needs or other relevant information which you feel the school should be aware of:

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Pupil's Ethnic Origin

Please complete the pupil's Ethnic Origin / Home Language / and Religion in the columns below. (This information is required for Government - DFES Statistical purposes).

Ethnicity (Please tick)	Home Language	Mother Tongue	National Identity	Religion
Any other Asian background				
Any other Black background				
Any other ethnic group				
Any other mixed background				
Any other white background				
Asian – Bangladeshi				
Asian – Indian				
Asian – Pakistani				
Black – African				
Black - Caribbean				
Chinese				
Gypsy/Roma				
Traveller of Irish Heritage				
White – British				
White – Irish				
Mixed - White and Asian				
Mixed - White and Black African				
Mixed – White and Black Caribbean				

Previous Nursery/Pre-School Information (nursery/school attended **PRIOR** to admission to Havannah Pre-School if applicable)

Name of previous nursery/Pre-school

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Address

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Any additional information you wish to provide

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Signature of Mother / Carer _____

Signature of Father / Carer _____

Date _____

The information provided on this form is subject to the Data Protection Act 1998