

PICKERING COMMUNITY INFANT & NURSERY SCHOOL

PRE-ADMISSION FORM

SURNAME FORENAMES(S)

NAME KNOWN BY DATE OF BIRTH

MALE / FEMALE RELIGION

PARENT / GUARDIAN'S NAMES

.....

CHILD'S HOME ADDRESS FATHER/MOTHER ADDRESS (IF DIFFERENT)

.....

.....

POST CODE POST CODE

HOME TEL. NO MOBILE TEL. NO.....

E-MAIL ADDRESS

OTHER CHILDREN IN SAMEHOUSEHOLD.....

IS THE CHILD CONSIDERED TO BE CURRENTLY OR PREVIOUSLY 'LOOKED AFTER'?

Yes No

Adopted Child Arrangement Order Special Guardianship Order

SIGNIFICANT HEALTH DETAILS

OTHER PROFESSIONALS: Medical - Social Services Prevention Team, eg,
 Paediatrician or specialist care Family Outreach Worker

ENTRY TO: Speech Therapy
 Nursery Reception

Year 1 Year 2

NOTES

Date Registered: Entered on SIMS