

PICKERING COMMUNITY INFANT & NURSERY SCHOOL

PRE-ADMISSION FORM 2017 EDITION

SURNAME FORENAMES(S)

NAME KNOWN BY DATE OF BIRTH

MALE / FEMALE RELIGION

NATIONALITY HOME LANGUAGE

PARENT / GUARDIAN'S NAMES

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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 SAME HOUSEHOLD.....

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

Yes/No (please delete as appropriate)

Adopted Child Arrangement Order Special Guardianship Order

SIGNIFICANT HEALTH DETAILS (if any)

OTHER PROFESSIONALS:

Medical Paediatrician Speech Therapy Social Services
or specialist care

Prevention Team (eg Family
Outreach Worker)

ENTRY TO: Nursery Reception Year 1 Year 2

Date Registered:

System entry date

NOTES OFFICE USE ONLY: