**Pre-Admission Form 2023**

SURNAME

NAME KNOWN BY

MALE/FEMALE ………….

HOME LANGUAGE …………………………………………………

PARENT / GUARDIAN’S NAMES

………………………………………………………………………………

CHILD’S HOME ADDRESS

……………………………………………………………………………..

POST CODE

HOME TEL.NO………………………………………………………

FORENAMES(S) …

DATE OF BIRTH .................

RELIGION (Christian, Muslim etc)………………………….

………………………………………………………………………………….

FATHER/MOTHER ADDRESSES (if different)

……………………………………………………………………………………

…………………………………………………………………………………...

POST CODE.....................................................................

MOBILE NO…………………………………………………………………

MOBILE 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:*