



Pre-Admission Form 2026/27

SURNAME

FORENAMES(S)

NAME KNOWN BY

DATE OF BIRTH

MALE/FEMALE

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

HOME LANGUAGE

PARENT / GUARDIAN'S NAMES

.....

.....

CHILD'S HOME ADDRESS

FATHER/MOTHER ADDRESSES (if different)

.....

.....

.....

.....

POST CODE

POST CODE.....

HOME TEL.NO.....

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

Early Help (eg Children and Families Worker)

ENTRY TO: Nursery

Reception

Year 1

Year 2

To find out more about how our school uses your personal data then please see our privacy notice which can be found on our website www.pickering-inf.n-yorks.sch.uk

Date Registered:

System entry date

NOTES OFFICE USE ONLY: