

## <u>Lemington Riverside Primary School</u> <u>Admission Form</u>



Please complete this form in as much detail as you can. It is extremely important that you keep the office up to date on any changes to these details, especially emergency contact details and medical information.

| Surname: First na                             | ames:                 |
|---|-----------------------|
| Middle names: Chos                            | sen Name:             |
| Date of Birth:                                |                       |
| Address                                       |                       |
| Pos   | st Code               |
| Home Tel. No                                  |                       |
|   |                       |
| Other children and ages                       |                       |
| Parent/Carer name:                            | Mr / Mrs / Miss / Ms  |
| Address (if different from child's)           |                       |
| Telephone No:                                 | Mobile                |
| Work place & No                               |                       |
|   |                       |
| Parent/Carer name:                            | Mr / Mrs / Miss / Ms  |
| Address (if different from child's)           |                       |
| Telephone No:                                 | Mobile                |
| Work place & No                               |                       |
|   |                       |
| Other persons we may contact in an emergency: |                       |
| Name:   | Relationship to child |
| Address (if different from child's)           |                       |
| Гelephone No:                                 | Mobile                |
| Work place & No                               |                       |
| Name:   | Relationship to child |
| Address (if different from child's)           |                       |
| Felephone No:                                 | Mobile                |
| Work place & No                               | 1                     |

## **School Dinners:**

Do you wish your child to have school dinners / packed lunch (delete as required)

Please ensure that you have completed the 'Free School Meals Eligibility Checker Form' – copies of this form are available from the school office.

| Does your child have any | special dieta | rv needs? |
|--------------------------|---------------|-----------|
|--------------------------|---------------|-----------|

| Does your child have any medical conditions/taking any medication that we need to be aware of?  I give my consent to the seeking of any necessary emergency medical advice or treatment. |  |  |
|--|--|--|
|  |  |  |
| Name of Healt  | h Visitor (if applicable)  |  |
| Name of Socia  | l Worker (if applicable)   |  |
| Names of any   | other professionals working with the family  |  |
| Previous scho  | ol (if any):   |  |
| Ethnic Origin:   | (please circle appropriate heading)  |  |
| White / Black  | – African / Black – Caribbean / Black – other / Indian / Pakistani / Bangladeshi / |  |
| Chinese/ othe  | r  |  |
| Religion:  | (please circle appropriate heading)  |  |
|  | du / Jewish / Muslim / Sikh / Other / No religion                                  |  |
| Language spo   | ken at home: English / Other   |  |
| Any other info   | ormation we may need to know:  |  |
|  |  |  |