



Redlands Primary School, Crown Street, Worksop, Notts

Admission Form

Please note that the information given on this form is required only for updating your child's Official Education Authority record card, and ensuring that the entries made on the record card are correct. ALL INFORMATION GIVEN WILL BE REGARDED AS STRICTLY CONFIDENTIAL. (Please complete in block letters)

Child's Surname: _____ Date of Birth: _____

Child's Christian Name(s): _____ M/F
(Please underline the name normally used)

Name and Address (including postcode) of Parent(s) or
Guardian for Correspondence: _____

Home Telephone No: _____

Full name & (address if different from above) for:

Father/Guardian

Mother/Guardian: Ms/Mrs/Miss

Mobile no:

Mobile no:

Father/Guardian's Occupation:

Mother/Guardian's Occupation:

Place of Work:

Place of Work:

Telephone No:

Telephone No:

Full name and address of a relative or neighbour who may be contacted if your child is ill and we are unable to contact you. Mr/Ms/Mrs/Miss _____

Telephone No: _____

(Relationship to pupil)

Name and Address of Child's Doctor: _____

Telephone No: _____

Does your child have any health problems or physical handicaps? e.g., skin rashes, after effects of serious illness, asthma, hay fever, epilepsy, allergic reactions etc, or any special dietary needs (please complete a separate medical form also) _____

Is he/she able to take part in normal school activities? e.g., games, running, swimming etc. Yes/No
If no please give reasons: _____

Ethnicity: _____

Home Language: _____

Religion: _____

First Language: _____

Date Entered UK: _____

Previous School/Nursery Attended _____

Father/Guardian's Signature: _____

Mother/Guardian's Signature: _____

Birth Certificate Seen: Yes/No

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