



Initial Enrolment Form

Surname:	First Name:
Middle Name:	Preferred First Name:
Date of Birth:	Gender: * M / F (* delete as appropriate)
Address:	
Post Code:	
Previous School or Playgroup:	
Full Names and Date of Births of any siblings:	
1)	3)
2)	4)

Nationality and Passport Details	Nationality: (as shown on Passport or EEA (European Economic Area) Identity Card Dual / Multiple Nationality (more than one nationality may be recorded)
1)	2)
Country of Birth: As appears on Child's Certificate or Passport	
Birth Certificate	Please provide Birth Certificate prior to admission to WPPA Office

Languages	
1) Language Spoken at home:	3) Any other language spoken :
2) First Language:	

Parent /Carer Information	Title: * Mr / Mrs /Ms/ Miss/ Other (* delete as appropriate)
	Name:
	Relationship to Child:
Address:	
Postcode:	
Telephone Numbers	Home :
	Mobile:
	Work:
Email Address:	



Parent /Carer Information <u>also having parental responsibility for this child</u>	
Title: * Mr / Mrs /Ms/ Miss/ Other (* delete as appropriate)	
Name:	
Relationship to Child:	
Address:	
Postcode:	
Email Address:	
Telephone Numbers:	Home :
	Mobile:
	Work:

Other details of contacts who may be collecting your child from school or for other emergencies	
1st Contact after above	
Title: * Mr / Mrs /Ms/ Miss/ Other (* delete as appropriate)	Name:
Relationship to Child:	
Home:	
Mobile:	
Work:	
Email Address:	
2nd Contact after above	
Title: * Mr / Mrs /Ms/ Miss/ Other (* delete as appropriate)	Name:
Relationship to Child:	
Home:	
Mobile:	
Work:	
Email Address:	
Any other information relating to Parent/Carer or Emergency contact details	



Medical Information:
Doctors Surgery where family is registered:
Does your child have any dietary requirements, food allergies or any other allergies? *Yes / No (* delete as appropriate) Please state:
Does your child have any confirmed medical conditions? *Yes / No (* delete as appropriate) Please state:
Is your child currently taking any long term medication? *Yes / No (* delete as appropriate) Please state:
Does your child have any visual/sight problems? *Yes / No (* delete as appropriate) Please state:
Does your child have any hearing or speech and language problems? *Yes / No (* delete as appropriate) Please state:
Any further medical information (if relevant)

Special Educational Needs
Does your child have any Special Educational Needs? *Yes / No (* delete as appropriate) Please state:
Does your child have an Educational Health Care Plan (previously 'Statement')? *Yes / No (* delete as appropriate)
Further Special Educational Needs information (if relevant)



Ethnicity: Please tick one only		Religion: Tick where appropriate	
Any other Asian background	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Other Religion	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Refused	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>
Gypsy	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>		
Indian	<input type="checkbox"/>		
Information not yet obtained	<input type="checkbox"/>		
Other Gypsy/Roma	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>		
Refused	<input type="checkbox"/>		
Roma	<input type="checkbox"/>		
Traveller of Irish heritage	<input type="checkbox"/>		
White – British	<input type="checkbox"/>		
White – Irish	<input type="checkbox"/>		
White and Asian	<input type="checkbox"/>		
White and Black African	<input type="checkbox"/>		
White and Black Caribbean	<input type="checkbox"/>		

For Office Use Only	
Birth Certificate seen	YES / NO
Passport seen	YES / NO
Signed	Dated