

BERWICK MIDDLE SCHOOL
PUPIL INFORMATION AND ADMISSION FORM
 To be completed by the Parent/Guardian in BLOCK CAPITALS

CHILD'S DETAILS:		PASSWORD: (password to be used when contacting school about your child)	
Legal Surname:		Legal First Names:	
Preferred Surname: (to be used on all correspondence & reports)		Preferred First Name:	
Date of Birth:		Class:	
Address:			
Postcode:		Home Telephone Number:	
Name of brother(s)/sister(s) at BMS:			
PARENT/GUARDIAN DETAILS:			
Relationship to Child:			
Name:			
Address:			
Place of Work:		Work in Armed Services: (Please circle)	YES NO
Work Telephone:		Mobile Telephone:	
Email:			
PARENT/GUARDIAN DETAILS:			
Relationship to Child:			
Name:			
Address:			
Place of Work:		Work in Armed Services: (Please circle)	YES NO
Work Telephone:		Mobile Telephone:	
Email:			

EMERGENCY CONTACT - 1		EMERGENCY CONTACT - 2	
Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
Postcode:		Postcode:	
Telephone:		Telephone:	
Mobile:		Mobile:	
LAST SCHOOL ATTENDED:			
Name:			
Address:			
SCHOOL TRANSPORT:		(Please indicate which Bus or Taxi service your child uses)	
DOCTORS DETAILS:			
Practice & Doctor:			
Telephone:			
IMPORTANT Health Information/Allergies which school should know:			
GENERAL INFORMATION: Any other information you would like us to know or any difficulties in school which you would like to bring to our attention.			
ETHNIC/CULTURAL INFORMATION:			
Ethnicity:		Religion:	
Nationality:		Country of Birth:	
First Language:		Language Spoken at Home:	
The Photographic Consent Form and E-Safety Rules Agreement are held on file for Year 6, 7 & 8. If you wish to amend please contact school for a new form.			
SCHOOL REPORTS			
Do you require duplicate school reports? (Please circle)		YES	NO
Please tick your delivery preference below:-			
Give duplicate report to my child.	Send out duplicate report	(Please circle preference)	<input type="checkbox"/> email <input type="checkbox"/> Post
Name:		Address:	
Relationship:			
Email:			