



Castle Hill Primary School SCHOOL ADMISSION FORM

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY

Child's surname:	First name[s]:
Middle name[s]:	Chosen name:
Male/Female	Date of birth:
Ethnicity:	Mother Tongue:
Religion:	Home Email:
Child's address:	
Postcode:	Home Telephone number:

Please give details of ALL PERSONS who have parental responsibility and anyone else you wish to be contacted in an emergency.

Relationship to child: Title: Forename: Surname: Daytime Tel No: Place of work:	Home Address (if different from above) Postcode: Tel No: Mobile No:	Contact Order
Relationship to child: Title: Forename: Surname: Daytime Tel No: Place of work:	Home Address (if different from above) Postcode: Tel No: Mobile No:	Contact Order
Relationship to child: Title: Forename: Surname: Daytime Tel No: Place of work:	Home Address (if different from above) Postcode: Tel No: Mobile No:	Contact Order

Details of the child's brothers or sisters:

Names	Date of birth

Any other information you feel the school should be aware of:

Previous school(s) attended:

Signed: _____ Relationship to Child: _____

OFFICE USE ONLY

Place offered:	Date:	Admission Date:	Class:
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