

# CROFTON HAMMOND INFANT SCHOOL



## REGISTRATION FORM - This information will be stored electronically and will be treated in the strictest confidence

### Child's information:

Surname / family name on birth certificate \_\_\_\_\_

All forenames \_\_\_\_\_ To be known as \_\_\_\_\_ Male / Female

Date of birth \_\_\_\_\_ Ethnic origin \_\_\_\_\_ Religion \_\_\_\_\_

Home Language \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Birth Certificate seen by school \_\_\_\_\_ Date of arrival in UK (if relevant) \_\_\_\_\_

### Parent(s) / Guardian(s): (who share responsibility for the child)

Name of Father / Guardian	Name of Mother / Guardian
Mr _____	Mrs/Miss/Ms _____
Address _____ (if not as above)	Address _____ (if not as above)
Home telephone number _____	Home telephone number _____
Day time telephone number _____	Day time telephone number _____
Mobile Number _____	Mobile Number _____
Email _____	Email _____

### **Emergency contacts:** If day time contact is difficult please give two persons, who live /work within a reasonable distance from the school, who may be contacted on your behalf in an emergency:

Name	Daytime tel. number (s)	Relationship
1. _____	_____	_____
2. _____	_____	_____

The school will need to know of any court Orders affecting you child, please indicate whether any Order in force for your child.

Please specify (eg residence, contact/access, specific issues).....

### *Slip for Child Health Services (to be forwarded by the school once the child has been admitted into the school)*

Child's surname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male / Female

Other Names \_\_\_\_\_ Any previous surname \_\_\_\_\_

Address \_\_\_\_\_

Name & address of previous school (if any)

\_\_\_\_\_

\_\_\_\_\_

CROFTON HAMMOND INFANT SCHOOL  
MANCROFT AVENUE, STUBBINGTON,  
HAMPSHIRE, PO14 2DE

Other children in the family (ie names, relationship, ages)

**Family doctor:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel No. \_\_\_\_\_

**Other Services:** Other services that have been recently involved with the child (eg: social services; Educational Psychologist; Bilingual Support Service; Speech Therapist; child & Family guidance; Portage; Teacher Advisors; Assessment Unit; Diagnostic Unit etc)

**Child's Health:** Health concerns (eg: hearing, sight, special conditions, need for regular medication etc). Please attach additional details if necessary.

**Previous & present schools attended, if any, including nursery school, playgroup, pre-school group**

<u>Name of school, playgroup etc:</u>	<u>Address:</u>	<u>Start Date:</u>	<u>End Date:</u>	<u>Reason for leaving</u>

**Other information:** Is there any other information you feel we should be aware of (contact language; religious considerations relating to custom, dress or prohibition; special diet etc)?

Is either parent a member of HM forces? Please give details: \_\_\_\_\_

Are you eligible to claim benefit based Free School Meals?

Yes / No

(If you are unsure of eligibility, you can check the criteria with the school office at any time)

**Travel to school:** Walk \_\_\_\_\_ Car \_\_\_\_\_ Public Transport \_\_\_\_\_

**Lunch Arrangements:** Sandwiches \_\_\_\_\_ School Lunch \_\_\_\_\_ Home \_\_\_\_\_

(please tick at least one option)

Signature of parent / guardian \_\_\_\_\_ Date \_\_\_\_\_

Please feel free contact the school if you wish to talk about this form or would like help with completion