



For school use only: Date of Admission: Class: Free Meals: Birth Certificate/Passport:

REGISTRATION FORM FOR ADMISSION TO ST JOHN'S CofE PRIMARY ACADEMY

Surname Other Names

Date of Birth Place of Birth
 (Please bring your child's birth certificate or passport)

Religion

Home address

Home telephone number

Father's Name Place of Work

Father's telephone number

Mother's Name Place of Work

Name/telephone number to contact in case of illness

Mother's telephone number

Parent's Email Address

Name of previous school (if applicable)

Previous address

Other children in family: Boys Girls

Place of this child in family: (i.e. 1st/2nd, etc.)

Family Doctor

Address

Telephone number

Other information (including medical information which may be useful to class teacher)

FOR COMPLETION BY PARENTS BORN OUTSIDE BRITAIN

Father's Place of Birth Date of entry to UK

Mother's Place of Birth Date of entry to UK