

John Randall Primary School
Application Form

Name of Child:	Date of Birth:
Address:	
Tel No:	Postcode:
Language spoken:	Religion:
Country of birth:	Nationality:
Ethnicity: (White UK/White Other/Black Caribbean/ Black African/ Black Other/Indian/Pakistani/Chinese/Other)	

Parent/Carer Details			
1. Mr/Mrs/Miss/Ms	Surname		
Relationship	First Name	Date of birth	_____
2. Mr/Mrs/Miss/Ms	Surname		
Relationship	First Name	Date of birth	_____
Do both parents live with child Yes/No			
If no: Address and telephone number of parent not living with child:			

Family Doctor & Surgery :
Medical Information :
Names of brothers/sisters already in school:
Name & Address of previous school/nursery :

Contact Details:	
1. Name :	Relation to child :
Tel : Home	Work
Mobile	
2. Name :	Relation to child :
Tel : Home	Work
Mobile	
3. Name :	Relation to child :
Tel : Home	Work
Mobile	

Travel to School Arrangements - Please circle appropriate choice

Walk Car Bicycle Taxi Bus Other

Meal Arrangements

Please circle appropriate choice

Free school meal Paid school meal Sandwiches Home Other

Dietary Needs:

I give consent to my child taking part in normal school activities organised to take place outside school premises. I also consent to medical or such surgical treatment deemed necessary by a qualified practitioner or to first aid being administered in the case of my child, if an emergency should occur at a time when my consent to the particular treatment cannot otherwise be obtained.

I consent to my child having their photograph taken whilst taking part in school activities and these photographs being used for educational purposes and in the media.

I agree to bring my child's birth certificate into school

Signed Parent/Guardian Date: