

PLEASE COMPLETE AND RETURN

OUR LADY OF LOURDES CATHOLIC PRIMARY SCHOOL

Surname of Child:..... Forenames:.....

Date of Birth:..... Gender:

Ethnic Origin:..... First Language:

Usual Mode of Travel to school: car / walk / bus / bicycle - delete as applicable

Address:

Postcode: Telephone No.:

Mother/Guardian's full name: Religion:

Father/Guardian's full name: Religion:

Day Time Contact Phone Numbers & Business Address of Parents/Guardians

Mother/Guardian Tel:..... Father/Guardian Tel:

Mobile: Mobile:

Place of work:..... Place of work:


Address:..... Address:.....

Tel:..... Tel:

Email: Email:

Names and Addresses and Telephone numbers of **LOCAL** responsible relatives or persons whom you wish to be contacted in the event of emergency, should you be unavailable.

(1)Name (2)Name

Address Address

Relation to child Relation to child

Name of Doctor 

Address of Doctor

Please give particulars of medical, personal or welfare problems that we should be aware of including if your child has a care plan. Please note that you will need to provide the school with a copy of the care plan and medication should your application be successful.

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Please give details of the pre-school setting that your child attends and how long they have attended this setting for.

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I have attached a copy of my child's;

- Birth Certificate
- Baptism Certificate
- SIF Form

For office use only

Date Received.....

Parish.....