



NETHERBROOK PRIMARY
SCHOOL ENROLMENT



Thank you for choosing Netherbrook Primary School for your child.
Please help us by filling out all the information on this form; this will enable us to cater for you in the best possible way.

If you need any help filling in this form, please do not hesitate to speak to a member of staff.

DETAILS:

Surname:	
Child's First Name:	
Middle name/s:	
Male / Female	
Child's Date of Birth:	
Home address:	
Postcode:	
Ethnicity	
Language spoken at home:	
Religion:	

Birth Certificate seen

(To be completed via the school office)

Adults with parental responsibilities for child

Title:	First Name:	Surname:
Address: (if different from above)		
Postcode:		
Contact Telephone Numbers:	Home:	
	Mobile:	
	Work:	
Email Address:		
Relationship to Child:		

Title:	First Name:	Surname:
Address: (if different from above)		
Postcode:		
Contact Telephone Numbers:	Home:	
	Mobile:	
	Work:	
Email Address:		
Relationship to Child:		

OTHER EMERGENCY CONTACTS:

Other contact if we are unable to contact the above named persons:

Name:	Relationship to child:
Address:	
Home Tel No.	
Mobile Tel No.	

Name:	Relationship to child:
Address:	
Home Tel No.	
Mobile Tel No.	

IMMUNISATION:

Has your child had any of the following vaccinations?

If so, please give dates. This information should be logged in your child's red medical record book or can

Diphtheria	
Tetanus	
Polio x3	
Hib-Meningitis x 3	
MMR	

be obtained from your GP practice.

OTHER INFORMATION:

<p>Does your child have an allergic reaction to anything eg. food, medication? If so, please give as much detail as possible including any medication prescribed for this?</p> <p>Do they have an auto injector eg. EpiPen?</p>	
<p>Has your child had any major illnesses / operations?</p>	
<p>Has your child been in hospital recently?</p>	
<p>Has your child any on-going health problems? (disabilities, visual impairment, hearing impairment, asthma etc...)</p>	
<p>Does your child have any special health and dietary requirements eg. Halal, vegetarian, dairy-free etc.</p>	

Some food technology activities carried out as part of the school curriculum may involve the children tasting food.

As such we require your permission for your child to partake in these activities.

Please therefore sign the form here to show your consent.

We also need to be aware of any foods which, for medical and religious reasons, your child may not taste.

I give permission for my child to take part in food activities as part of the school curriculum.

Signed

She/he should not eat the following foods (for medical or religious reasons only):



Emergency procedure in the event of a reaction
(This is for children who have known food intolerances or a specific medical condition)

Doctors name, practice name, address and contact telephone number	GP Name _____ Practice Name/Address Practice Tel. No:
Has your child attended a previous nursery, if so where?	
Any other information.	

Please tick the boxes for the following questions.	Yes	No
I/We give permission for our doctor to be contacted should the need arise.		
I/We give permission for my child to have first aid administered if the need should arise.		
I/We give permission for my child to be photographed and sometimes the photographs may be displayed around school and in work books.		

Does your child have any siblings in school?		Yes / No
Name of Child:		Class:
Name of Child:		Class:
Name of Child:		Class:

Signed Parent/Carer

PRINT NAME

Date