



ADMISSION/CONTACT FORM

Nursery

Thorpe Primary School
Atherstone Avenue
Peterborough
PE3 8UG
Telephone No. 01733-264340

Headteacher: Mrs Kate Trethewy
Deputy Headteacher: Emma Anderson
Assistant Head: Mrs Jeremaes

Legal Surname:	Child's First Name
Known Name (if different from surname)	Middle Name
Date of Birth	Gender Male or Female
Home Address	Other children in the family
Post Code	
Previous School	Address of previous School if outside of County
Does Mother have Parental Responsibility? Yes/No	Does Father have Parental Responsibility? Yes/No
Mother's Full Name	Father's Full Name
Address (if different from child's)	Address (if different from child's)
Home Telephone No. Mobile Telephone No. Email address:	Home Telephone No. Mobile Telephone No. Email address:
Mother's place of work Telephone No.	Father's place of work Telephone No.
EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED Please note the parents will always be contacted first unless otherwise stated.	
1st Contact	2nd Contact
Name	Name
Relationship to child	Relationship
Address	Address
Telephone No. Mobile	Telephone No. Mobile
Family Doctor	Practice Address
Telephone No.	
Are there any particular circumstances which it may be helpful for the Headteacher to be aware of?	

Does your family have any involvement with Social Services? YES/NO (please delete as applicable)
If yes please give the name of the Social Worker

PTO

Parental responsibility: We are legally obliged to let your child leave with any adult who has parental responsibility. If you have any concerns about persons who have parental responsibility collecting your child, please contact the school office.

Do you hold a Residence order Yes/No
Contact order Yes/No
Any other court order with regard to parental responsibility to your child. Yes/No

Are you interested in helping in school? Yes/No
Any special skills, interests, contacts?

How many schools has your child attended prior to Thorpe?

Is your child entitled to Free School Meals? (are either parent in receipt of Job Seekers Allowance or Income Support). Please answer this question regardless of whether you claim free school meals or not. Yes/No

Does your child have a Statement of Special Educational Needs Yes/No
If yes please indicate which stage your child is on from previous school.

Which country was your child born in?

What is their nationality?
(This would normally appear on their passport or identity card)

Medical Information

Does your child wear glasses Yes/No
Does your child have grommets? Yes/No
Does your child wear a hearing aid Yes/No

If yes please give details:

Does your child have any special dietary requirements. (Please tick the appropriate boxes)

- None
- Vegetarian
- Vegetarian/Fish
- Halal
- No Pork
- No Beef

Allergies. Please state

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Other. Please state

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Does your child suffer from Asthma Yes/No
If yes does your child have an inhaler that needs to be kept in school Yes/No

Are there any other medical conditions which your child suffers from that the school need to be aware of?
If yes please state below

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Please give religion of your child

How will your child travel to school?

Proof of address seen by:

Birth Certificate seen by:

Date: