

## ADMISSION FORM

Please complete all the details below.

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_  
 Chosen Name: \_\_\_\_\_ Middle name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender M/F: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Home Tel number: \_\_\_\_\_

### **Medical information**

Name of Doctor.....Dr's Tel No.....

Doctor's address.....

Medical conditions/information you wish school to record:

.....  
 .....

### **Educational History**

School	Address	DOA	DOL
.....			
.....			

### **Dinner Arrangements** Please tick appropriate box

Free school dinner   
  Paid school dinner   
  Sandwiches   
  Home

### **Travel Arrangements** Please tick appropriate box

Walk                     
  Car                     
  Bus                     
  Taxi                     
  Other

Signed .....Parent/Carer

**Siblings:**

Daniel Adamson Avenue, Partington, Manchester, M31 4PN Tel: 0161-775-4356 email [office@forestgateacademy.co.uk](mailto:office@forestgateacademy.co.uk)

If there are older brothers or sisters in school please give the name and present year group .....

Ethnicity:

Ethnic origin..... Home language.....

Religion .....

Please give details of all persons who have any legal responsibility for this pupil and anyone else who could be contacted should an emergency arise when you are unavailable. You may use the contact priority to indicate the preferred order in which contacts should be attempted in an emergency.

Surname..... Title.....  
Forename.....  
Contact Priority number.....M/F  
Day tel no.....  
Day place.....  
Home address.....  
.....  
.....postcode.....  
Home Tel no.....  
Parental responsibility Y/N  
Relation.....

Surname..... Title.....  
Forename.....  
Contact Priority number.....M/F  
Day tel no.....  
Day place.....  
Home address.....  
.....  
.....postcode.....  
Home Tel no.....  
Parental responsibility Y/N  
Relation.....

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