

Seaton Sluice First School Admission Form

Surname:
Middle Name:
Address:

Forename:
Date of Birth:

Post Code:
Home telephone:

Please give details of all persons who have a parental responsibility any anyone else you wish to be contacted in an emergency (place in order of contact) continue on a separate sheet if necessary.

Priority	Name/Relationship	Home address/Phone/Mobile	Work Phone/Email
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Travel arrangements to school:

Medical Details

Name of Doctor
Medical Practice
Address

Telephone:

Name of Dentist
Telephone:

Medical Conditions:

Medical Notes:

Ethnicity:
Home Language:
Religion:

The school is registered under the Data Protection Act 1998 for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF.

Signature:

Date: