

New Milton Junior School Registration Form

Child's Surname/family name on birth certificate _____
 All Forenames _____ To be known as _____
 Date of birth _____ Ethnic origin _____
 Male / Female _____ Religion _____

Address _____ Home language _____
 _____ Additional language _____
 _____ Home telephone number _____
 Postcode _____ Email _____
 Country of Birth _____ Child's Nationality _____
 Date of arrival in UK (if relevant) _____

Parent(s) / Guardian(s): who share responsibility for the child

Name Of Father/ Guardian	Name of Mother/Guardian
Mr _____	Mrs/Miss/Ms _____
Address _____ <small>(if different from above)</small>	Address _____ <small>(if different from above)</small>
Place of work _____	Place of work _____
Mobile number _____	Mobile number _____
Work number _____	Work number _____

Custody and Court Order: Please indicate whether any Orders are in force for your child
 Yes or No

Emergency contact name <small>(who should be called in an emergency)</small>	Relationship to child	Priority contact number	Second contact number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Family Doctor _____	Surgery Address _____
Telephone number _____	_____
NHS Number _____	_____
Name and address of previous school _____	Other children in the family (i.e. names, relationship, ages) _____
_____	_____
_____	_____

Other information: Free school meals Parent in Armed Forces
 Child in care Young carer Walk Car Sandwiches
 School lunches

Signature of parent/guardian _____ Date _____

Please return this form to the school office.