



**Christ Church Primary School  
Contract and Registration Form**

Information recorded here is kept confidential – see confidentiality policy

**Required placement**

Please tick which year group you wish to apply for

Nursery full time	<input type="checkbox"/>	AM (8:55-11:30)	<input type="checkbox"/>	PM (1:00-3:30)	<input type="checkbox"/>
Reception	<input type="checkbox"/>	Year 4	<input type="checkbox"/>		
Year 1	<input type="checkbox"/>	Year 5	<input type="checkbox"/>		
Year 2	<input type="checkbox"/>	Year 6	<input type="checkbox"/>		
Year 3	<input type="checkbox"/>				

**Child's personal details:**

Full name of child: .....

Date of Birth: (day/month/year) .....

Gender:    Male    Female

Child's home address:

.....  
.....

Postcode: .....

Telephone contact: Home :.....

Mobile:.....Work:.....

E-mail : .....

Name of sibling (eldest child first)	Age	Are they currently attending Christ Church or alternatively name of other school (Please specify year group)
1.		
2.		
3.		
4.		
5.		

**EAL Information**

No English spoken		Some English spoken		Full English speaker	
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**SEND Information**

Statemented/EHCP		SEN intervention support	
Any other needs (please provide detail below)		None	

**Detail:**

.....  
 .....

**Name of current school or playgroup:**.....

**Address of current school or playgroup:** .....

..... **Postcode:**.....

**Telephone contact:**.....

**Full time or part time position:**..... **Year:** .....

**\*School/playgroup will be contacted for further reference tick when contacted.**

**Parents'/carers' details:**

<b>Full names:</b>	<b>Parent/Carer 1</b>	<b>Parent/Carer 2</b>
<b>Relationship to child:</b>		
<b>Home address:</b>		
<b>Postcode:</b>		
<b>Home telephone:</b>		
<b>Work telephone:</b>		
<b>Mobile:</b>		
<b>Email:</b>		
<b>Accommodation type (please state number of bedrooms)</b>		
<b>Who lives at the address provided?</b>		

**Details of persons authorised to collect child or who can be contacted in an emergency:**

<b>Full name:</b>	<b>Contact 1</b>	<b>Contact 2</b>	<b>Contact 3</b>
<b>Relationship to child:</b>			
<b>Home address:</b>			
<b>Postcode:</b>			
<b>Home telephone:</b>			
<b>Work telephone:</b>			
<b>Mobile:</b>			
<b>Email:</b>			
<b>Password:</b>			

**Proof of identity, a phone call for verbal permission with an accurate description of the collector is required before releasing any child to anyone other than those noted above.**

**A password is also required. All contacts must know the password you have created.**

**Signed: Parent/carer: .....Date: .....**

**Signed: Head teacher.....Date : .....**