



**KINGSMOOR LOWER SCHOOL**  
Kingsmoor Close, Flitwick, Bedford. MK45 1EY  
Telephone: 01525 712448—Fax: 01525 755544  
Email: kingsmoor@cbc.beds.sch.uk  
Website: www.kingsmoorlowerschool.co.uk  
**ADMISSION FORM 2011—2012**

Surname: \_\_\_\_\_ Forename \_\_\_\_\_

Middle Name(s): \_\_\_\_\_ Chosen Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender(M/F) \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Home telephone No. \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

**Medical Information**

Name of Doctor: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address of Doctor/Practice \_\_\_\_\_

Medical conditions or information that you wish the school to record:  
\_\_\_\_\_

I give permission for the School to administer First Aid to my Child -Yes / No.

**Education History**

School / Pre-School \_\_\_\_\_ Address \_\_\_\_\_ Date of Admission \_\_\_\_\_ Date of leaving \_\_\_\_\_

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

Free School Dinners	<input type="checkbox"/>	Sandwiches	<input type="checkbox"/>	Other	<input type="checkbox"/>
Paid School Dinners	<input type="checkbox"/>	Home	<input type="checkbox"/>		<input type="checkbox"/>

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

Car	Taxi	Walks	Other
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**Sibling**

If there are older brothers or sisters in the school, please give name and present year group of the next oldest child: \_\_\_\_\_

**Ethnicity**

Ethnic Origin \_\_\_\_\_ Home Language \_\_\_\_\_ Religion \_\_\_\_\_

Signature (s) \_\_\_\_\_ (Parent / Guardian)

## EMERGENCY CONTACT NUMBERS

*You may use the contact priority (1....4) to indicate the preferred order in which contacts should be attempted in an emergency.*

<b>MOTHER</b>	<b>FATHER</b>
Title: _____ Surname _____	Title: _____ Surname _____
Forename _____	Forename _____
Contact Priority No. _____	Contact Priority No. _____
Gender (M/F) _____	Gender (M/F) _____
Work Telephone No. _____	Work Telephone No. _____
Work Place: _____	Work Place: _____
Home Address _____ _____	Home Address _____ _____
Home Telephone No. _____	Home Telephone No. _____
Parental Responsibility (Yes/No) _____	Parental Responsibility (Yes/No) _____
Title: _____ Surname _____	Title: _____ Surname _____
Forename _____	Forename _____
Contact Priority No. _____	Contact Priority No. _____
Gender (M/F) _____	Gender (M/F) _____
Work Telephone No. _____	Work Telephone No. _____
Work Place: _____	Work Place: _____
Home Address _____ _____	Home Address _____ _____
Home Telephone No. _____	Home Telephone No. _____
Relation _____	Relation _____

***Relation should be shown as Grandparent, Aunt, Childminder, Neighbour etc.***  
**Please ensure that parent (s) work telephone numbers are completed on this form**

We will help you fill in this form if necessary.