



KINGSMOOR LOWER SCHOOL
Kingsmoor Close, Flitwick, Bedford MK45 1EY
Telephone: 01525 712448 – Fax: 01525 755544
E-Mail: Kingsmoor@deal.bedfordshire.gov.uk
Website: www.kingsmoorlowerschool.co.uk
ADMISSION FORM 2010 - 2011

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

<u>School / Pre-School</u>	<u>Address</u>	<u>Date of Admission</u>	<u>Date of Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____

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*

Bicycle	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Car	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Walks	<input type="checkbox"/>	Other	<input type="checkbox"/>
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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)

We will help you fill this form in if necessary.
Please inform us of your access requirements.

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.

MOTHER	FATHER
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

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