

# **Birches First School Registration Of Interest Form**

Nursery ☐

Main School ☐

Date of Application ..... Birth Certificate ☐ D.O.B ...../...../.....

Surname ..... Forenames .....

Address .....  
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Tel Number ..... Post Code .....

Father/Guardian .....

Address .....

Place of work ..... Tel .....

Mother/Guardian .....

Address .....

Place of work ..... Tel .....

If the nature of your occupation makes daytime contact difficult, please give the name, relationship, telephone number and location of 2 persons who may be reached in the event of an emergency.

	Name	Relationship	Tel No	Location
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....

Name of Family Doctor and Practice Dr ..... Prac .....

Address ..... Tel .....

Does your child have any medical conditions of which the school should be aware? ☐

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Do you have any older children in the school? Name .....

Does your child have any younger brothers or sisters? Please specify .....

If your child is coming to the Nursery which Primary School will they attend .....

Name of previous school .....

**Please fill in the reverse of this sheet**

**Please Tick**

**Travel information**

- Car ☐
- Public Transport ☐
- Taxi ☐
- Walk ☐

**Religion**

- Christian ☐
- Hindu ☐
- Jewish ☐
- Muslim ☐
- Sikh ☐
- Other ☐
- No Religion ☐

**Mother tongue**

- English ☐
- Cantonese ☐
- Bengali ☐
- Greek ☐
- Gujerati ☐
- Hindu ☐
- Italian ☐
- Punjabi ☐
- Chinese ☐
- Portugese ☐
- Spanish ☐
- Turkish ☐
- Urdu ☐
- Other ☐
- \*Please indicate

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**Ethnic Origin**

- White ☐
- Black African ☐
- Black Carribean ☐
- Black Other ☐
- Indian ☐
- Pakistani ☐
- Bangladeshi ☐
- Other Group ☐
- \*Please indicate

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