

**DAWLEY BROOK PRIMARY SCHOOL BROOK PRIMARY SCHOOL - NEW PUPIL FORM
(IGNORE BOXES IN ITALICS AND TICK BOXES WHERE APPLICABLE)
ADD ANY OTHER RELEVANT NOTES OVERLEAF**

PERSONAL

Child's Surname		Legal Surname	
		Previous Surname	
1 st Name		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
2 nd Name		Known/ Name	
3 rd Name		Year	
Date of Birth		Class	
E' Mail Address		House	
Address (line 1)		UPN	
Address (line 2)		Family Representative	
Address (line 3)		If this is your oldest or only child at Dawley Brook tick here <input type="checkbox"/>	
Town		DIETARY REQUIREMENTS	
County	West Midlands	If none tick here <input type="checkbox"/>	
Post Code			
Tel 1			
Tel 2		If on medical grounds tick here <input type="checkbox"/>	

FAMILY GROUP

PARENT/GUARDIAN 1		PARENT/GUARDIAN 2	
Title		Title	
Initials		Initials	
Surname		Surname	
First Name		First Name	
Middle Name(s)		Middle Name(s)	
Relationship		Relationship	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parental Responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Parental Responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pupil Resident	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pupil Resident	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Family Mail Marker</i>		<i>Family Mail Marker</i>	
Mobile		Mobile	
<i>Emergency</i>		<i>Emergency</i>	
<i>Salutation</i>		<i>Salutation</i>	
Address and phone number - If different from child's		Address and phone number - If different from child's	
E' Mail		E' Mail	

SIBLINGS

Name(s) of sibling(s) at Dawley Brook			
Class(es)			

EMERGENCY CONTACTS – EXCLUDE HOME NUMBER

Mother Work	Name	Phone Number	Notes
Father Work	Name	Phone Number	Notes
Emerg 1	Name	Phone Number	Notes (relationship etc)
Emerg 2	Name	Phone Number	Notes (relationship etc)
Emerg 3	Name	Phone Number	Notes (relationship etc)

ADDITIONAL

Nationality	
Religion	
Mother Tongue	
Ethnicity	

MEDICAL DETAILS

Drs Name		Phone Number	
Any Medical Conditions			
Signed		Dated	
		<i>Admission No.</i>	

