

Merton Junior School REGISTRATION FORM



Child's details:

Surname/family name on birth certificate _____ Male / Female

All forenames _____ To be known as _____

Date of birth _____ Ethnicity _____

Religion (*optional) _____ Home language _____

Address _____

_____ Postcode _____

** You have the right to retract this information at any time*

Parent(s)/Guardian(s) details

<p>Name of Father/Guardian</p> <p>Mr _____</p> <p>Address _____</p> <p>_____</p> <p>Daytime telephone number _____</p> <p>Do we have your consent to add your contact details to the following: (Consent can be withdrawn at any time)</p> <p>Texting service. Yes / No Email service. Yes / No</p> <p>Place of work _____</p> <p>Work telephone number _____</p> <p>Email _____</p>	<p>Name of Mother/Guardian</p> <p>Mrs/Miss/Ms _____</p> <p>Address _____</p> <p>_____</p> <p>Daytime telephone number _____</p> <p>Do we have your consent to add your contact details to the following: (Consent can be withdrawn at any time)</p> <p>Texting service. Yes / No Email service. Yes / No</p> <p>Place of work _____</p> <p>Work telephone number _____</p> <p>Email _____</p>
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Emergency contacts – Please provide at least two emergency contacts who may be contacted and act on your behalf in an emergency

Name	Relationship	Telephone number	Address if different from above
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Custody and Court Orders:

The school needs to know of any Court Orders affecting your child, please indicate whether any Order is in force for your child. If 'yes' please arrange to see the Headteacher / Deputy

Yes No

Please continue overleaf.

Other children in the family – please provide names, relationships and ages

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family doctor

Name _____
Address _____

Telephone number _____

Are there any other services involved with your child eg: social services, speech therapist,

Previous and present schools attended

School, playgroup	Address	Date of admission	Date of last attendance	Reason for leaving

Does either parent currently serve in the Armed Forces?

Yes No

Mode of travel to school

Walk Car Public transport Taxi

Is there any other information you think we need to be aware of?

Please return this form together with proof of your address and your child's birth certificate.

Please refer to the school's Privacy Notice for information regarding the collection of data.

Signature of parent/guardian _____ **Date** _____