

**NEW ENTRANTS TO SCHOOL**

Surname .....

Forename(s) .....

Date of Birth: .....

Address .....

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Postcode .....

Sex: .....

General Practitioner: .....

Name and address of Mother:

Name and address of Father:

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Telephone No: .....

Telephone No: .....

**Other Contacts (Daytime)**

Name

Name

.....

.....

Telephone No: .....

Telephone No: .....

How many terms full time attendance at nursery school.....

How many part time attendance at nursery school.....

How many terms at playschool .....

Date of starting at Sutton-on-Derwent School: .....

Religion: .....

Information on Health:

(e.g. hearing, sight, physical disability, asthma, epliepsy, speech)

Names and dates of birth of other children in family:

Any other relevant information: