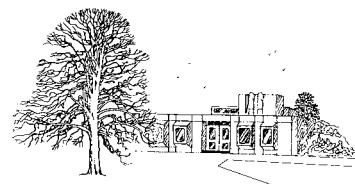


Wyburns Primary School

Nevern Road, Rayleigh, SS6 7PE
 Facsimile 01268 770347 Telephone 01268 770914
 Email headteacher@wyburns.com



PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS

FULL NAME OF CHILD _____ DATE OF BIRTH _____

POSITION IN FAMILY Please give dates of birth and sex of all other children, as per example.

Please tick box that represents child named above.

Example 4/10/89 Girl				
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Full name of Parents/Guardians _____

Address of child _____

Postcode _____ Telephone _____

Present School or Nursery/Playgroup _____

Name and Address of Child's Doctor _____

If your child is unwell in school we may need to contact you urgently. Please enter names & phone numbers of emergency contacts to be used in your absence.	Name _____	Name _____
	Telephone _____	Telephone _____
	Relationship to child _____	Relationship to child _____

Name and Address of any other Natural Parent _____

WE ARE REQUIRED TO ASK THE FOLLOWING QUESTIONS BY THE ETHNIC MONITORING SERVICE. ANSWERS ARE REQUESTED, BUT NOT COMPULSORY

WHAT DO YOU CONSIDER TO BE YOUR CHILD'S ETHNIC ORIGIN	British
	Other (Please specify)
WHAT IS YOUR FAMILY RELIGION?	Christian
	Other (Please specify)
WHAT DO YOU CONSIDER TO BE YOUR CHILD'S MOTHER TONGUE?	English
	Other (Please specify)

Please tick as appropriate

Declaration

I have read the section dealing with 'in loco parentis' and agree that -

Wyburns staff, in dealing with my child in matters such as first aid, personal hygiene and emergency situations, will act 'in loco parentis' and treat my child like any reasonable parent might be expected to.

Signed _____ Parent/ Guardian

Date _____ Contact phone number _____

For Office Use Only

Date received
Date entered on computer
Place offered

Date entered in Admiss. Bk.
Expected date of entry
BC seen