

BROMLEY HEATH INFANT SCHOOL
INTERNAL REGISTRATION FORM

Date of Registration:	Birth Certificate seen:
Proof of Address seen: (e.g. child benefit book/utility bill - not more than 3 months old.)	
Surname:	Date of Birth:
First Names:	Male* / Female* (Please delete as appropriate)
Address:	Home Telephone No:
Fathers Name: Who is Legal Mothers Name: Guardian?	Fathers Work No: Mothers Work No:
Names & Addresses of any other people who have parental responsibility for your child: <i>[i.e. parent of child from a previous marriage)</i>	[1]
[2]	[3]
Ethnic Origin:	Religion:
Mother Tongue:	
Previous School:	
Name of Family Doctor: Address:	Telephone No:
Health: <i>Has your child any health problems we should know about in order to care for him/her fully? Eye/ear defects, heart murmur, asthma, previous illness, allergies etc:</i>	
Diphtheria/Polio/Tetanus/Whooping Cough/HiB Injections: [Please state year and Number of jabs]	[1].....[2].....[3].....
Pre-school Booster:	
MMR:	Meningitis C:
Emergency Telephone Contacts:	[1] Name: Tel No: Place: Relationship:
[2] Name: Tel No: Place: Relationship:	[3] Name: Tel No: Place: Relationship:

Signed:.....Parent/Carer

office:Intreg.R

