Bromley Heath Infant School

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:
Email address	
Fathers name: Mothers name:	Fathers work no: Mothers work no:
Names & addresses of any other people who have parental responsibility for your child: (i.e. parent of child from a previous marriage)	1.
2.	3.
Ethnic Origin:	Religion:
Home Language:	First Language:
Previous School:	
Name of family doctor: Address:	Telephone no:
Health: *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:*	
Diptheria/Polio/Tetanus/whooping Cough/HiB injections: (Please state year and number of jabs)	1)……2)…… 3)……
Pre-school booster:	MMR:
Meningitis C:	
Emergency telephones contacts:	1)Name: Tel. no: Place: Relationship:
2)Name: Tel no: Place: Relationship:	3)Name: Tel no: Place: Relationship:

Signed……..Parent/Carer