



Admission No :

Form 1

NEW STUDENT STARTER PACK

Student Registration Form 2013 / 2014

Please use CAPITAL letters

Surname:		Forename(s):	
Date of Birth:	Male Female	Tutor Group:	
Home Address:			
Postcode:		Home Telephone	

Preferred mobile phone number for receiving text messages:-
Preferred email address for receiving school messages:-

Name:	
Address:	
Tel:	Mobile:
Relationship to child:	

Name:	
Address:	
Tel:	Mobile:
Relationship to child:	

Name:	
Address:	
Tel:	Mobile:
Relationship to child:	

Persons with actual custody of the child (if different from above)

Father / Carer Name :
Place of work / contact :
Tel:

Mother / Carer Name:
Place of work / contact:
Tel:

Name of Family Doctor and Practice

Doctor's Name:	Practice Name :
Address:	
Tel:	

Does your child have any medical conditions of which you wish the school to be aware of ? YES / NO

If yes give details :

If there is an older brother / sister in the school, please give the name and year of the next oldest child:

Name :	Present Year Group:
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Lunch Arrangements (Please tick the appropriate box)

Free School Meal Home for Lunch Meal at School Packed Lunch at School

Travel Arrangements (Please tick the appropriate box)

Bicycle Car Rail Bus Taxi Walks to School

First Language:	Home Language:
Any other Language:	Religion:
Ethnic Group:	

Is there any equal opportunities/race discrimination information of which you would want the school to be aware of ?

If Yes give details:

**Signature of
Father / Carer : _____**

**Signature of
Mother /Carer : _____**

It is important this form is returned to school as soon as possible. If you have any queries about the form please contact Mrs Rosemary Jones, Headteacher, Elfed High School.