



Summerlea C.P. School Enrolment Form

Windsor Drive, Rustington BN16 3SW
Tel: 01903 856783
Email: office@summerleaschool.co.uk



If you need support with this form please ask at the School Office.

Date of Admission	Class
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PLEASE COMPLETE IN BLOCK CAPITALS

Forenames			
Known As			
Surname			
Date of Birth		Sex (Male/Female)	
Pupil's Home Address Including Post Code			
Pupil Home Tel. No.			
Previous School Name & Address			

Main Contacts Parents/Carers	Title		Title	
	Forename		Forename	
	Surname		Surname	
	Daytime Workplace		Daytime Workplace	
	Daytime Tel. No.		Daytime Tel. No.	
	Home Tel. No.		Home Tel. No.	
	Mobile Tel. No.		Mobile Tel. No.	
	Email Address		Email Address	
	Relationship to Pupil		Relationship to Pupil	
	Occupation of Parent/Carer		Occupation of Parent/Carer	
Alternative address needed if one of the parents/carers does not live at the same address as the pupil and requires separate communications.				

On the next page please list the contacts' numbers in the order you would like the school to phone them in an emergency. Highest priority first.

Contact	Title		Address if different from Child's Address above.			
	Forename		House Name			
	Surname		No. / Street			
	Daytime Work Place		Locality			
	Daytime Tel. No.		Town			
	Home Tel. No.		Postcode			
	Mobile Tel. No.		Email Address			
	Relationship to Pupil		Can this person be contacted if there is a day time emergency?		Yes	No
	Should this person also receive a copy of the child's progress report?		Yes	No		

Contact	Title		Address if different from Child's Address above.			
	Forename		House Name			
	Surname		No. / Street			
	Daytime Work Place		Locality			
	Daytime Tel. No.		Town			
	Home Tel. No.		Postcode			
	Mobile Tel. No.		Email Address			
	Relationship to Pupil		Can this person be contacted if there is a day time emergency?		Yes	No
	Should this person also receive a copy of the child's progress report?		Yes	No		

Contact	Title		Address if different from Child's Address above.			
	Forename		House Name			
	Surname		No. / Street			
	Daytime Work Place		Locality			
	Daytime Tel. No.		Town			
	Home Tel. No.		Postcode			
	Mobile Tel. No.		Email Address			
	Relationship to Pupil		Can this person be contacted if there is a day time emergency?		Yes	No
	Should this person also receive a copy of the child's progress report?		Yes	No		

Contact	Title		Address if different from Child's Address above.			
	Forename		House Name			
	Surname		No. / Street			
	Daytime Work Place		Locality			
	Daytime Tel. No.		Town			
	Home Tel. No.		Postcode			
	Mobile Tel. No.		Email Address			
	Relationship to Pupil		Can this person be contacted if there is a day time emergency?		Yes	No
	Should this person also receive a copy of the child's progress report?		Yes	No		

Siblings Brothers and sisters who attend this school.	Name		Date of Birth	Name		Date of Birth
	1.			4.		
	2.			5.		
	3.			6.		
Position in Family		of				

Main Language spoken at home (Please select one only) SL=Sign Language	Bengali		English		Italian		Polish		Spanish	
	Cantonese		English SL		German		Portuguese		Tagalog/Filipino	
	Chinese		Danish		Latvian		Russian		Urdu	
	Dutch		French		Lithuanian		Japanese		Not known/not divulged	
	Other (please specify)									
Additional Languages (if not already specified)										

Has your child received any previous schooling in another Country? If so which Country and for how long?	
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Ethnic Origin (Please select one only)	Black African		White & Black African		Any other white background	
	Chinese		White & Black Caribbean		Other - other	
	Indian		Pakistani		Not disclosed	
	White British		Any other Asian background		Not known	
	White & Asian		Any other black background			

Religion (Please select one only)	Buddhist		Muslim		Other	
	Christian		None		Other – Jehovah Witness	
	Hindu		Not disclosed		Sikh	
	Jewish		Not Known			

National Identity (Please select one only)	British		Scottish	
	English		Welsh	
	Other			
	Refused			

Country of Birth	
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Doctor's Name								
Doctor's Address								
Doctor's Tel. No.								
Medical Conditions (Please tick as many as apply)	Asthma		Hay Fever		Nose Bleeds		Autism	
	Migraine		Impaired Hearing		Epilepsy		Fainting	
	Heart Condition		Impaired Eyesight		Cystic Fibrosis		Haemophilia	
	Diabetic		Allergy		Hyperactivity		Serious Allergy	
	Eczema		Mobility Problems		Speech		Prescribed Diet	
	Other (please specify)							
Please give full medical information here including Medication/Action required.								
Any other information that you feel the school should know?								

Please provide pupil's Birth Certificate (the School Office can take a photocopy).

Please assist us by informing the school promptly if any of this information changes.

I certify that, to the best of my knowledge, the above information is correct.			
Parent/Carer/Guardian's name (please print)			
Relationship to Pupil			
Signature		Date	

Is your family entitled to receive Free School Meals?

Children whose parents are in receipt of the following benefits are entitled to receive free school meals:

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment & Support Allowance
- Guaranteed element of State Pension Credit
- Child Tax Credit **only** with an assessed income below £16,190
- Support under Part VI of the Immigration & Asylum Act 1999

Registration is **quick and confidential**. Please collect a form from the school office with evidence of your entitlement. We can help you fill in a simple registration form and that's all there is to it! The Government will give additional funds for every child that registers; money which we could spend on introducing additional support to benefit our children.