



# ADMISSION FORM



To be completed by the Parent/ Guardian upon admission to Marus Bridge Primary School

(Office use only)

Registration Group: \_\_\_\_\_

Birth Certificate Seen By: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Surname:</b>	<b>Legal Surname:</b>
<b>Forename:</b>	<b>Middle name:</b>
<b>Chosen name:</b>	<b>Gender:</b>
<b>Date of Birth:</b>	<b>Telephone:</b>
<b>Address:</b>	<b>Email:</b>
<b>Post Code:</b>	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority	First Name & Surname Relationship eg, Mum, Dad, Nan	Home Address / Phone / Mobile / Fax	Work Address Phone / Email
1		Tel: Mobile:	Tel: Email:
2		Tel: Mobile:	Tel: Email:
3		Tel: Mobile:	Tel: Email:
4		Tel: Mobile:	Tel: Email:



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## Dietary Preferences

Please indicate if your child has any food allergies, food intolerances or dietary requirements (E.G Vegetarian):

## Medical Practice:

**Address:**

**Telephone Number:**

## Medical Condition(s)

## Medical Note(s)

Does your child take any regular medication?

**Ethnicity :**

**Home Language:**

**Religion:**

**Data Protection Act 2018:** The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Education Authority and with DE.

**Name of Parent:**

**Signature:**

**Date:**