

# Enrolment Form



(This form is to be completed on receiving written confirmation from  
WSCC Admissions office confirming a place has been allocated)

***Wisborough Green Primary School, Newpound Lane, Wisborough Green,  
West Sussex RH14 0EE***

## Child's Details:

Surname			
Forename(s)			
Date of Birth		Birth Cert. Seen	Yes/No (For Office Use)
Child's Address			
Position in Family, (i.e. 1 <sup>st</sup> Boy, 3 <sup>rd</sup> Girl)			
Planned Date of Admission			
Previous School/ Pre-School			
Nationality		Country of Birth	
Home Language		Religion	
First Language			
Doctor's Name		Doctor's Tel No.	
Doctor's Address			

## Parent/Guardian Details (1)

Relationship to Child		Title	
Surname			
Forename(s)			
Address (if different to child's)			
Home Tel No.		Mobile Tel No.	
Work Tel No.		Occupation	
Email address			

## Parent/Guardian Details (2)

Relationship to Child		Title	
Surname			
Forename(s)			
Address (if different to child's)			
Home Tel No.		Mobile Tel No.	
Work Tel No.		Occupation	
Email address			

*(Continued on next page)*



# Enrolment Form (page 2 of 2)

**Emergency Contacts:** (To be contacted in an emergency if we are unable to contact either parent/guardian)

Relationship to Child			
Surname			
Forename(s)			
Address (if different to child's)			
Home Tel No.		Mobile Tel No.	
Work Tel No.		Occupation	
Email address			

**I confirm that the people above are aware that their information has been provided to Wisborough Green Primary School for this purpose.**

## **Further Information**

<b>Medical Information</b>	
Does he/she have any known medical condition?	YES/NO
Does this require attention in school, e.g. diet/medication?	YES/NO
Has he/she ever been admitted to hospital?	YES/NO
<b>Sight</b> – Does he/she have a known visual problem?	YES/NO
<b>Sight</b> - Does he/she wear glasses?	YES/NO
<b>Hearing</b> – Does he/she have hearing problems?	YES/NO
<b>Hearing</b> – Does he/she have a history of intermittent ear problems?	YES/NO
<b>Manual</b> – Is he/she left handed/ right handed/ undecided?	
<b>Language</b> – Does he/she have any known speech/language problems?	YES/NO

**If you have answered yes to any of the questions above, please record the details below:**

--

**Allergies - Please state any allergies your child has below:**

--

**Is there any other information about your child that you would like to have recorded? (for example, Religious affiliations, dietary requirements):**

--