

COTTAM PRIMARY SCHOOL  
ADMISSION FORM



Child's Surname: \_\_\_\_\_ Forename: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Chosen Name: \_\_\_\_\_  
Gender :M/F \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Name(s) of other sibling(s) attending Cottam Primary:  
\_\_\_\_\_  
\_\_\_\_\_

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*1<sup>st</sup> Priority Emergency Contact (usually a parent)*

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_ Title: \_\_\_\_\_  
Day Phone No: \_\_\_\_\_ Day Place: \_\_\_\_\_  
Notes: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Child: e.g. Parent/Guardian \_\_\_\_\_ Parental Responsibility: Y/N

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*2<sup>nd</sup> Priority Emergency Contact (usually a parent)*

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_ Title: \_\_\_\_\_  
Day Phone No: \_\_\_\_\_ Day Place: \_\_\_\_\_  
Notes: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Child:e.g. Parent/Guardian \_\_\_\_\_ Parental Responsibility: Y/N

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Mode of Travel: *Walk/Bus/Car/Other* Type of Meal: *Free School Meal/School Meal/Packed Lunch*

Dietary Needs/Food Allergies: \_\_\_\_\_

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Medical Information -

Doctor's Name: \_\_\_\_\_ Doctor's Address: \_\_\_\_\_

Please supply us with any additional information that the school should know about: \_\_\_\_\_

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Ethnic Group: \_\_\_\_\_ Home Language: \_\_\_\_\_ Religion: \_\_\_\_\_

Previous School/Nursery/Playgroup: \_\_\_\_\_

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Signature: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_