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Dog Kennel Hill Primary School

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| Child’s Details | |
| Child’s Surname: | First Name: |
| Child’s Date of birth | Sex :Male/Female |
| Parent’s Details | |
| Mothers Name: | Fathers Name: |
| Mothers Address: | Fathers Address: |
| Contact Numbers  Mothers Home: Mobile: Work:  Fathers Home: Mobile: Work: | |
| **E-mail Address**  Mums email:  Fathers email: | |
| Please indicate which option you prefer:    Part Time (15 hours)- Monday & Tuesday full day & half day Wednesday    Full Time (30 hours) Monday- Friday (8.30-3.30pm)  30 hour code: | |
| **Any additional information e.g. (Medical, Health Requirements, SEN, Social care intervention, Dietary etc.)**  Does your child have a sibling in the school? Please state child’s name: | |
| Language understood by child:  Language spoken by child: | Language understood by family:  Languages spoken by family: |
| Parent Print:  Parent signature:    Date: | Parent Print  Parent signature:  Date: |