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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 NumbersMothers 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 PrintParent signature:Date: |