

Thorp Primary School

Please complete the details below and return to the school office with a copy of your child's birth certificate.

Nursery Year	Sept	Jan	April	Other Class
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Name of Child _____

Date of Birth /

Male Female

Home Contact Details

Name of Mother _____ Contact Number _____

Name of Father _____ Contact Number _____

Home Address _____

Postcode _____

Email address to which information can be sent _____

If you answer yes to any of the following questions, please insert details in the space below

Has your child any special educational needs? Yes/No

Has your child any exceptional medical or social needs as to why they should attend Thorp Primary School? Yes/No

Does your child have a sibling/siblings in Thorp Primary School? Yes/No

Please name siblings

Office Use Only

ID Provided Seen By Date /