



REGISTRATION FORM

Robert Browning School

Partnership for Progress



Child's Details

Legal Surname	<input type="text"/>	Surname used if different	<input type="text"/>
First Name(s)	<input type="text"/>	Known as	<input type="text"/>
Date of Birth	<input type="text"/>	Position in Family:	<input type="text"/>

Optional Information

Religion	<input type="text"/>	Language spoken at home	<input type="text"/>
Nationality	<input type="text"/>	Ethnicity	<input type="text"/>

Details of Parents/ Guardians (Head of Household)

Surname	<input type="text"/>	Service No. (if applicable)	<input type="text"/>
Rank/ Title	<input type="text"/>	Initial	<input type="text"/>
Unit Address	<input type="text"/>	Contact Number	<input type="text"/>

Quarter Address

Telephone Numbers/ Contact Numbers

Contact number in case of emergency

Would you please supply the following details to help us ensure that your child settles into school as smoothly and quickly as possible.

Total number of schools attended previously

Name and contact address of previous school

Can your child speak any other language other than English, if so which one?

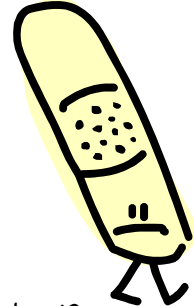
Have you documentation and records from your child's last school to give us. If not please could you supply the full name and address of your child's last school.

Medical Information

Wears glasses: Yes/ No If yes, when?

Any known allergies

Are there any medical conditions that we should know about Yes/ No
If yes, please tell us more about them.



Are there any other special circumstances or events you would like us to know about?

Please answer the following questions which will help us ensure a happy introduction to life at Robert Browning School.

Did your child have a happy time at his/ her previous school?

Would you object to us contacting your child's previous school if we felt it would help us settle your child more quickly? Yes/ No

Was he/ she on the end of any bullying incidents? Yes/ No

Did your child receive any learning support (including Speech and language therapy) at his/ her previous school? If yes, please provide details.

Tell us something your child does really well or has a special talent for:

On a rating 1 to 10 with 10 being strong where would you place your child in the following categories:

1 _____ 10

Willingness to come to school

1 _____ 10

Attitude to work

1 _____ 10

Making friends



Lunchtime arrangements: School Dinner/ Packed Lunch
Any food allergies: (Please note that NSS do not cater for individual allergies)

Have you read and signed the school's Home/ School Agreement? Yes/ No
If not please do it as soon as possible.

Have you:

Had a tour of the school Yes / No

Met your child's new class teacher? Yes / No

Met with the Headteacher Yes ? No



The following questions are optional but will help us to evaluate our school and plan for further developments.

What made you choose Robert Browning School for your child's education?

Is there any information that you feel you need but haven't been offered?

Please read and sign the following

In the event of a serious injury or accident I understand that the school will try to contact a parent or guardian. If the school is unable to do so and the illness or injury is a cause for concern, I give my consent to the school to authorise medical treatment (including inoculation, blood transfusion or surgery), which in the opinion of a qualified medical practitioner, may be necessary.

Signed: _____ Date: _____

I agreed that my child may participate in any educational visit which lasts for the duration of the school day. I understand that adequate supervision will be provided.

Signed: _____ Date: _____

For school use

Date of Admission

UPN

Bus/ Walker

Class:

Pupil transfer form received and relevant test scores recorded. Yes/ No

School registration number: