

Reedness Primary School Out of School Club Pupil

Registration Form



PUPIL PERSONAL INFORMATION

SURNAME:		
FORENAME:		
HOME ADDRESS:		
POST CODE:		
TELEPHONE:		
DATE OF BIRTH:		
SCHOOL YEAR:		
MOTHER/CARER INFO	PRMATION	
TITLE:		
SURNAME:		
FORENAME:		
HOME ADDRESS:		
POST CODE:		
PHONE NUMBERS:	Club time Mobile Home Work	
FATHER/CARER INFO		
TITLE:		
SURNAME:		

FORENAME:		
HOME ADDRESS:		
POST CODE:		
PHONE NUMBERS:	Club time	
	Mobile	
	Home	
	Work	
OTHER CONTACT INF	ORMATION – Plea	ase provide at least two
TITLE:		
SURNAME:		
FORENAME:		
PHONE NUMBERS:	Club time	
	Mobile	
	Home	
	Work	
RELATIONSHIP TO		
CHILD:		
TITLE:		
SURNAME:		
FORENAME:		
PHONE NUMBERS:	Club time	
	Mobile	
	Home	
	Work	
RELATIONSHIP TO		
CHILD:		
PUPIL – MEDICAL INF	ORMATION	
DOCTOR'S PRACTICE	E:	
MEDICAL CONDITION	NS:	

Is there a current Health	
Care Plan in school?	
DIETARY INFORMATION	
ALLERGIES:	
VEGETARIAN / HALAL	
Please specify further add ar	y other relevant information:
Signed:	
Print name:	
Date:	