

**ST. WINEFRIDE'S CATHOLIC PRIMARY SCHOOL**  
**CHURCH ROAD**  
**MANOR PARK**  
**LONDON E12 6HB**      **TEL NO: 020 8478 0510**



INFORMATION ABOUT THE CHILD										
Surname										
Christian Name										
Address										
Post Code										
Telephone No										
Date of Birth		MALE				FEMALE				
Number of children in family ( <i>please circle</i> )	1	2	3	4	5	6	7	8	9	10
Position of child in family ( <i>please circle</i> )	1	2	3	4	5	6	7	8	9	10
Which language does your child speak/hear at home?										
English Spoken? ( <i>please circle</i> )						Yes/No				
Name of previous school			Address of Previous School							
Does your child receive free school meals? ( <i>please circle</i> )						Yes/No				
GP Details										
Name of Child's Doctor										
Practice Address										
Telephone No										

INFORMATION ABOUT PARENTS										
MOTHER'S DETAILS					FATHER'S DETAILS					
Surname					Surname					
Christian Name					Christian Name					
Address					Address					
Telephone No.					Telephone No.					
Country of Birth					Country of Birth					
Work place					Workplace					
Telephone No.					Telephone No					
With whom does the child live? ( <i>please tick</i> )				[ ] Mother		[ ] Father		[ ] Both		
				[ ] Other <i>please specify</i>						
Name of person to whom letters should be addressed										
Please give names of two alternative adults who can be contacted in case of emergency										
1. Alternative Adult					Phone No.					
2. Alternative Adult					Phone No.					

*Please continue overleaf.....*

**Names and Dates of Birth of all other children**

Name(s)	Date(s) of Birth

**Please use this space to tell us any other information we should know about your child, particularly medical attention.**

**Are there any foods your child may not eat for medical reasons?**

