

**THE MORTIMER FEDERATION OF ST. JOHN'S AND ST. MARY'S  
REGISTRATION OF INTEREST FORM**



LEGAL SURNAME OF CHILD:	Legal Forenames:	
	Preferred Forename:	
Date of Birth:	Sex:	
Full Names of Parents/Guardians Living with child:		
Name: ..... Email address: .....		
Name: ..... Email address: .....		
Address:		
Post Code:	Tel:	Mobile:
Name & Address of Parent if living at different address:		
Post Code:	Tel:	Mobile:
Names and date of birth of siblings:		
Previous Nursery attended		No of terms
Previous Playgroup attended		No of terms
Previous School attended		No of terms
Nursery Records passed to School? Yes / No		
<b>MEDICAL INFORMATION</b>		
Family Doctor:	Address & Tel Number:	
Other services involved with your child e.g. speech & lang. / paediatrician / Pre School Councillor		
Any problems with the following (if YES please give brief details)		
Eyesight:	Asthma:	Hearing:
Hay fever:	Speech:	Nose Bleeds:
Bladder Control:	Bowel Control:	
Regular medication / Allergies / Anaphylactic Reaction : <i>(Please specify)</i>		
Any other background information e.g. Epilepsy / Diabetes / Dyslexia / Physical or Mental disability/Emotional upset e.g. bereavement, separation from parent <i>(Please specify)</i>		
Does any other member of the immediate family suffer with any of the above medical conditions or other disabilities that may impact on your child's access to school life? <i>Please give details</i>		

**EMERGENCY CONTACTS**  
The following information is required if we need to contact you in an emergency. Please ensure you advise us of any changes in the future.

Name	Relationship to child	Mobile	Work Number	Home number

*The following information is optional but it would help in compiling our records if you felt able to give it.*

**ETHNIC ORIGIN ( tick only one)**

<input type="checkbox"/> White British	<input type="checkbox"/> Mixed White / Black Caribbean	<input type="checkbox"/> Black Caribbean
<input type="checkbox"/> White Irish	<input type="checkbox"/> Mixed White / Black African	<input type="checkbox"/> Black African
<input type="checkbox"/> White Other	<input type="checkbox"/> Mixed White / Asian	<input type="checkbox"/> Black Other
<input type="checkbox"/> White Irish Traveller	<input type="checkbox"/> White Gypsy Roma	<input type="checkbox"/> Mixed Other
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Pakistani
<input type="checkbox"/> Asian Bangladeshi	<input type="checkbox"/> Asian Other	<input type="checkbox"/> Any Other Background:

**RELIGIOUS AFFILIATION ( tick only one)**

<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Roman Catholic
<input type="checkbox"/> Buddhist	<input type="checkbox"/> No religion	<input type="checkbox"/> Any Other Religion (please specify)

**LANGUAGES**

Is English the primary language in the home? Yes/No

If no, please specify main language:

**LANGUAGES SPOKEN AT HOME (please tick)**

<input type="checkbox"/> English	<input type="checkbox"/> Bengali	<input type="checkbox"/> Cantonese	<input type="checkbox"/> French
<input type="checkbox"/> Greek	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Hindi	<input type="checkbox"/> Italian
<input type="checkbox"/> Punjabi	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Spanish	<input type="checkbox"/> Turkish
<input type="checkbox"/> Urdu	<input type="checkbox"/> Any Other (please specify)		

**USUAL DIETARY PREFERENCES**

<input type="checkbox"/> Cooked School Meal	<input type="checkbox"/> Packed Lunch	<input type="checkbox"/> Any specific requirement: Vegetarian/vegan/religious
---	---------------------------------------	--

**TRANSPORT TO SCHOOL (please tick)**

<input type="checkbox"/> Car	<input type="checkbox"/> Car share	<input type="checkbox"/> Walk	<input type="checkbox"/> Bus	<input type="checkbox"/> Other (please specify)
------------------------------	------------------------------------	-------------------------------	------------------------------	---

Signed (Parent/Carer) \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_