Manor Primary School

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Email: admin@manor.reading.sch.uk Website: Manorprimary.net

Headteacher: Mrs. Fiona Swain B.Ed (Hons) NPQH



REGISTRATION FORM

Please complete as much information as possible

When you hand in your completed form, we will need to see your child's birth certificate or proof of date of birth.

Surname			First Names				
Male/Female		Chosen Name					
Date of Birth			Address				
Mobile No.			Post Code				
Home Telephone No.			E-mail				
NHS No. (red book)	Ethnicity (option			ional)			
Home Languages*	Religion (optiona						
First Language**					Language Yes/No (pls circle)		
Journey to School	Walk/Car/Bus/Taxi (pls circle) Meal Choice				School Dinner/Packed Lunch (pls cir		
Which school would yo	ou like your child to at	ttend at ag	ge 5?				
Last playgroup, nursery or school attended							
Mother's Name		Relationship between parents and access					
Work place and tel					rights if applicable.		
Father's Name	3						
Work place and tel							
Guardian's Name							
Work place and tel							
Emergency Contact names and telephone numbers of people you are happy to be responsible for your child should we not be able to contact you in an emergency. You MUST notify us if telephone numbers or contact details change.							
	you in an emergency. Y		notity us if tele	phone n			
Name 1		Tel no			Relationship		
Name 2		Tel no	 		Relationship	1	
Medical Practice			Tel no.				
Practice Address			 				
Health Visitor			Tel no.				
Speech Therapist			Tel no.				
Social Worker			Tel no.				
Other			Tel no.				
Any dietary information that we need to know about e.g. vegetarian, dairy, halal, no pork, beef etc. Any medical information that we need to know about e.g. asthma, hayfever, allergies, sight or hearing difficulties etc.							
Brother/sister name			Birth date	Atten Nurse	ded Manor ry?	Attended Manor School?	
			-	ļ			
I am responsible t	for ensuring my child	d's contac	t and medica	l detai	Is are correct	and up to date.	
Parent/Guardian's Nam	ne:		Signed:		Do	ate:	

^{*}Please select from the back of this form

*Home Language: Please indicate in the green columns below which languages are spoken at home by numbering them 1, 2, 3, 4 etc.

No.	Home Language	No.	Home Language
	Akan/Twi-Fante		Korean
	Albanian/Shqip		Kurdish
	Amharic		Lingala
	Arabic		Luganda
	Bengali		Manx Gaelic
	Bengali (Sylheti)		Norwegian
	British Sign Language		Panjabi
	Caribbean Creole English		Pashto/Pakhto
	Caribbean Creole French		Persian/Farsi
	Chinese		Polish
	Classification Pending/Other		Portugese
	Cornish		Romany/English Romanes
	Danish		Russian
	Dutch/Flemish		Serbian/Croatian/Bosnian
	English		Sinhala
	Finnish		Somali
	French		Spanish
	Gaelic (Scotland)		Swahili/Kiswahili
	Gaelic/Irish		Swedish
	German		Tagalog/Filipino
	Greek		Tamil
	Gujarati		Turkish
	Hebrew		Urdu
	Hindi		Vietnamese
	Igbo		Welsh/Cymraeg
	Italian		Yoruba
	Japanese		

Thank you