

**INFORMATION FORM FOR TRANSFER TO ABBEY CATHOLIC PRIMARY SCHOOL**

NAME OF CHILD \_\_\_\_\_ D.O.B. \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

**LANGUAGE** : DOES YOUR CHILD SPEAK ENGLISH AT HOME: YES/NO  
IF YOUR CHILD SPEAKS ANY ADDITIONAL, LANGUAGES AT HOME PLEASE INDICATE THE LANGUAGES HERE:

CHILD LIVES WITH \_\_\_\_\_

AT HOME ADDRESS \_\_\_\_\_ POST CODE \_\_\_\_\_

HOME TEL NUMBER \_\_\_\_\_

**THE FOLLOWING PEOPLE HAVE PARENTAL RESPONSIBILITY FOR THIS CHILD**

NAME OF FATHER \_\_\_\_\_ MOBILE NO: \_\_\_\_\_ WORK NO: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_ WORK NO: \_\_\_\_\_

FATHER/MOTHER ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

**PLEASE LET US KNOW OF ANY ADDITIONAL CONTACT NUMBERS WE MAY REQUIRE**

NAME : \_\_\_\_\_ MOBILE NO: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAMES OF BROTHERS/SISTERS AT ABBEY SCHOOL \_\_\_\_\_

YOUR PARISH CHURCH \_\_\_\_\_

CHURCH OF CHILD'S BAPTISM \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE ATTACH COPY OF CHILD'S BAPTISM CERTIFICATE**

PRESENT SCHOOL \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

REASON FOR CHOOSING THE ABBEY \_\_\_\_\_

SCHOOL MEAL TYPE (Please tick) SCHOOL MEAL: PAID \_\_\_\_\_ FREE \_\_\_\_\_ SANDWICHES \_\_\_\_\_

*If you think your child is entitled to a free meal please speak to the School Office.*

**IF YOUR CHILD HAS RECENTLY ARRIVED INTO THE UK FROM ANOTHER COUNTRY PLEASE COMPLETE THE DETAILS BELOW**

1) COUNTRY OF ORIGIN \_\_\_\_\_ (2) DATE OF ENTRY INTO UK \_\_\_\_\_

**INFORMATION FORM FOR TRANSFER TO ABBEY CATHOLIC PRIMARY SCHOOL**

**HEALTH CHECKLIST ON ENTRY TO ABBEY SCHOOL**

NAME OF CHILD'S DOCTOR ..... PHONE NUMBER .....

DOCTOR'S ADDRESS .....

VISION PROBLEMS? YES / NO  
GLASSES REQUIRED? ALWAYS / READING ONLY

HEARING PROBLEMS? YES / NO  
EARS AFFECTED? LEFT / RIGHT / BOTH  
HEARING LOSS? ALWAYS / PERIODICALLY / GROMMETS

**PLEASE PROVIDE FURTHER DETAILS IF REQUIRED**

SPEECH DIFFICULTIES? YES / NO  
IS SPEECH THERAPY BEING GIVEN? YES / NO

FOOD ALLERGIES? YES / NO

SPECIAL DIET REQUIREMENTS? YES / NO

ANY OTHER ALLERGIES? YES / NO

PHYSICAL DIFFICULTIES? YES / NO

SERIOUS ILLNESS? YES / NO  
**e.g. Diabetes, Epilepsy, Asthma  
Sickle-Cell Anaemia**

REGULAR MEDICATION? YES / NO NAME OF MEDICINE .....

ACTIVITIES TO BE AVOIDED ON MEDICAL GROUNDS

ANY OTHER COMMENTS

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

Doc: office/office/admissions

Updated : September 2020