



Emergency and Consent Form

Application for admission to
GODFREY ERMEN CE MEMORIAL PRIMARY SCHOOL

Place(s) requested – please tick Nursery Reception Other class

If you have ticked other please specify which year: -----

Child's Surname: -----

Forename(s):-----

Preferred Name: -----

Gender: -----

Nationality: -(Please see reverse) -----

Spoken Language: -----

D.O.B:-----/-----/-----

Religion: -----

Brother(s) and Sister(s) already in School –name(s): -----

Parent/ Guardian (Contact Priority 1)

Name: -----

Relationship to Child: -----

Address: -----

Postcode -----

Phone (Mobile): -----

Phone (Work): -----

Phone (Home): -----

Email (Main) -----

Does the Child reside at this Address?

YES NO

When your child starts with us you can receive texts and emails through our School Gateway online. Please see our website for further details.

Parent/ Guardian (Contact Priority 2)

Name: -----

Relationship to Child: -----

Address: -----

Postcode -----

Phone (Mobile): -----

Phone (Work): -----

Phone (Home): -----

Email (Main) -----

Does the Child reside at this Address?

YES NO

Along with Contact Number 1 I would also like to receive text and emails from the school from the School Gateway.

YES NO