



## Registration Form

## Tollgate Primary School

Tollgate Lane, Bury St Edmunds, IP32 6DG

01284 752742 admin@tollgateschool.org http://burytrust.org/tollgate

Child's Name	Date of Birth
Address	
Post Code Home telephone nu	umber
Mother's full name and address	
Father's full name and address	
Please provide relevant information regarding family circumst parent/s details)	ances (eg separation or step-
Emergency Contact Details: Please provide <u>all contact details and telephone numbers</u> .	
Home Telephone Number	
Mother's Mobile Number W	ork Number
Father's Mobile Number W	ork Number
Any Other Numbers	
If both are unavailable, please give details of an alternative	contact:
Name Contact nu	ımber/s
Who will normally collect your child from Happy Harbour	

Doctor's Name and Address
Telephone Number
Medical Details Please advise us of relevant information regarding your child's health (including hearing or speech difficulties, any medical conditions for example, asthma, epilepsy, allergies etc)
Medication Please provide details including medication name and dosage. Emergency medication must be held in school at all times eg asthma inhalers and severe allergy medication (for example, nut allergy)
Dietary Requirements Please advise us of any dietary requirements eg vegetarian, any foods forbidden due to religious observance, nut allergy. (Nut Allergy: please see medication information above).
I am aware that sessions must be booked and paid for in advance.
Signed Date Date Date