



FOUNDATION 1- REQUEST FOR PLACE CHRISTOPHER PICKERING PRIMARY SCHOOL



Legal Surname:		Legal Forename:	
Preferred Surname:		Middle Name: (s)	
Date of Birth:	Gender: Male		Female
Name of Person(s) with Parental Responsibility: (1)	Relationship to child:	Address & Telephone Contact Details:	
Name of Person(s) with Parental Responsibility: (2)	Relationship to child:	Address & Telephone Contact Details:	
Any other Emergency Contacts: (1)	Relationship to child	Contact Number:	
Any other Emergency Contacts: (2)	Relationship to child	Contact Number:	
Siblings attending Christopher Pickering PS:			
Medical Practice/Doctor's Name contact details:			
Medical Information:			
Does anyone in your child's immediate family (ie: parent/carer, siblings) have a disability or long term physical or mental health problems? YES NO			
If you think your child is eligible for free school meals, you can apply on line to get an instant decision: www.hullcc.gov.uk/freeschoolmeals			
Is your child a UK citizen?	YES	NO	
If NOT which country does your child hold a passport for?			
It is essential that you bring your child's birth certificate to the school office and with your permission, we would like to take a photocopy for our records.			
Birth Certificate seen/copy taken (delete where applicable)		NO	YES
PRINTED NAME _____ (Parent/Carer)			
SIGNED _____		DATED _____	
(Parent/Carer)			