Child’s Name:

Date of Birth:

Address:

Contact Telephone Number:

**If you change your phone number please inform school ASAP**

Siblings in School:

Temporary or Permanent placement:

**For school funding we require some additional information.**

Mother’s name: DOB:

National Insurance Number:

Father’s name: DOB:

National Insurance Number:

You may be eligible for additional support and services from Riverside Children’s Centre. If you would like us to share your details with them please let us know.

**YES/NO**

Please return this form to school with your child’s birth certificate as proof of age.

**Date Received:**

**By:**