



Headteacher: Mrs D Howard | Tel: 0161 881 4266 | Email: admin@oswaldroad.manchester.sch.uk

Please complete all sections of this form. Please write in capital letters using a black pen.

### Student Information

<b>Surname</b>		<b>Address</b> <small>Street No. and Name</small>	
<b>Forename</b>		<b>Town</b>	
<b>Middle name(s)</b>		<b>County</b>	
<b>Preferred Name</b>		<b>Postcode</b>	
<b>Date of Birth</b>		<b>Home Tel. No.</b>	
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>		

### Parental/Carer Information (living at same address as child)

Please complete all contact details

<b>Title</b> (please tick)	Mr	Mrs	Miss	Ms	Dr.	Rev.		<b>Title</b> (please tick)	Mr	Mrs	Miss	Ms	Dr.	Rev.	
<b>Forename</b>								<b>Forename</b>							
<b>Surname</b>								<b>Surname</b>							
<b>Date of Birth</b>								<b>Date of Birth</b>							
<b>Relationship</b> (please tick)	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Stepmother	<input type="checkbox"/>	Stepfather	<input type="checkbox"/>	Grandparent	<input type="checkbox"/>	Carer	<input type="checkbox"/>			
<b>Contact Numbers</b>	Mobile							<b>Contact Numbers</b>	Mobile						
	Home								Home						
	Work								Work						
	Email								Email						

Any other Adults (over 18) living at the same address as the child:

NAME:

Address:

Telephone No.

Mobile No.

Telephone No.

Mobile No.

If either parent, who has parental responsibility, lives at a different address from your child please provide details below:

Unless there is a court order in place, school has a legal responsibility to keep both parents informed of child's schooling.

<b>Mother's Name</b>		<b>Father's Name</b>	
<b>Mothers address</b> (if different from above)		<b>Father's address</b> (if different from above)	
<b>Telephone No.</b>		<b>Telephone No.</b>	

<b>Has your child ever been in LA Care</b>	Y/N	<b>Is your child an adopted child</b>	Y/N
<b>Is your child entitled to Free School Meals</b>	Y/N	<b>Do you think that your child may be entitled to Free School Meals</b>	Y/N

Does your child have any siblings at the school? If yes please complete:

Name:

Class:

Name:

Class:

**Please provide any additional information that we may need to know about your child, for example involvement with outside agencies including SEN, Health, Social Care etc:**

**I understand that the offer of a Nursery place does not guarantee a place in the Reception Class**

Please  
tick

**I have checked the information above and confirm that it is correct**

(Signed) \_\_\_\_\_