



# Four Lanes Federation

Executive Headteacher: Mrs J Mallaby  
Head of School (infant): Mrs J Docherty  
Head of School (junior): Miss N Jones

Hanmore Road, Chineham, Basingstoke, Hampshire. RG24 8PQ  
Infant contacts: [admin@fourlanes-inf.hants.sch.uk](mailto:admin@fourlanes-inf.hants.sch.uk) or phone: 01256-324256  
Junior contact: [admin@fourlanes-jun.hants.sch.uk](mailto:admin@fourlanes-jun.hants.sch.uk) or phone: 01256-816326  
Websites: [www.fourlanesinfants.co.uk](http://www.fourlanesinfants.co.uk) & [www.fourlanes-jun.hants.sch.uk](http://www.fourlanes-jun.hants.sch.uk)



## 1. Child's Details

Surname/ Family name on birth certificate \_\_\_\_\_ Male/ Female

All Forenames \_\_\_\_\_ To be known as \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Certificate/Passport attached: Y/N

Religion: \_\_\_\_\_ Dietary requirement: no beef / no pork/ no eggs/ no special requirements

Is your child bilingual? Y/N \_\_\_\_\_ Language spoken from birth: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

## 2. Parent(s)/ Carer(s) who share responsibility for the child

Parent 1: \_\_\_\_\_ Parent 2 \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Place of work: \_\_\_\_\_ Place of work: \_\_\_\_\_

\_\_\_\_\_

Daytime Tel No: \_\_\_\_\_ Daytime Tel No: \_\_\_\_\_

## 3. Custody and Court Orders:

The school needs to know if any Court Orders affecting your child, please indicate whether any Order is in force for your child: Y/N If so please specify (eg residence, contact/access, prohibited steps, specific issues...)

\_\_\_\_\_

Please indicate which Court made the Order and the date: \_\_\_\_\_





**4. Other children in the family** (names, relationship, ages) \_\_\_\_\_

\_\_\_\_\_

**5. Family Doctor:**

**GP Surgery:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_ **Tel:** \_\_\_\_\_

**6. Child's health** (eg hearing, special conditions, regular medication, food allergies/ intolerance/ special diet). Attach any details if necessary \_\_\_\_\_

\_\_\_\_\_

**7. Other services that have been involved with your child** (eg Social Services, Education Psychologist, Bilingual Support Service, Speech Therapist, Portage etc...) \_\_\_\_\_

**8. Previous school attended including nursery school, playgroup, pre-school group:**

Nursery, Playgroup, Childminder, School	Address and Telephone number	Date of admission	Date of last attendance	Reason for leaving

Note: This information will be stored electronically by the school.

**9. Mode of travel to school: \* please select only one option**

Walk to school / Car or van driven by guardian / Transport provided by another family (car share) / Taxi / Dedicated school bus / Public bus / Cycling or scooter

**Signature of Parent/ Carer:** \_\_\_\_\_ **Date** \_\_\_\_\_

