

**SS JOHN FISHER & THOMAS MORE CATHOLIC PRIMARY SCHOOL**  
 WOODHOUSE LANE  
 WYTHENSHAW  
 M22 9NW  
 PHONE- 0161 998 3422

**ADMISSION FORM**

SURNAME	FORENAME
GENDER OF CHILD -	
ADDRESS	
POSTCODE	DATE OF BIRTH
MOTHER NAME AND ADDRESS	FATHER NAME AND ADDRESS
POSTCODE	POSTCODE
D.O.B	D.O.B
HOME TELEPHONE	HOME TELEPHONE
WORK TELEPHONE	WORK TELEPHONE
MOBILE	MOBILE
EMAIL ADDRESS	
EMERGENCY CONTACT	
NAME	
ADDRESS	
PHONE NUMBERS- HOME	MOBILE
RELATIONSHIP TO CHILD	
BROTHERS AND SISTERS- NAME, AGE, SCHOOL	

NAME AND ADDRESS OF FAMILY DOCTOR	
NAME	ADDRESS
PHONE NUMBER	
HAS YOUR CHILD ANY HEALTH OR MEDICAL CONCERNS THAT WE NEED TO KNOW ABOUT?	
HAS YOUR CHILD ANY LEARNING DIFFICULTIES WE SHOULD KNOW ABOUT?	
CHILD'S COUNTRY OF BIRTH	
WHAT IS YOUR CHILD'S FIRST LANGUAGE:	
OTHER LANGUAGE(S) SPOKEN WITH YOUR CHILD:	
DATE OF ARRIVAL IN THE UK ( if your child was born overseas)	
CHILD'S ETHNICITY:	
HAS YOUR CHILD ATTENDED SCHOOL OR NURSERY BEFORE? IF YES PLEASE GIVE DETAILS	
WHERE:	DATES:
RELIGION OF CHILD	
RELIGION OF FAMILY	
DATE OF BAPTISM	

**Please return this completed form to the school office along with a copy of your child's birth certificate or passport, baptism certificate if they have one and proof of address**