



Little DINO

46 Ratcliffe Cross St London E1 0HS



STUDENT ADMISSION FORM



Registration Number: _____ Registration Received On: _____

STUDENT INFORMATION

Full Name: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Previous
School/Nursery(if any): _____

PARENT/GUARDIAN INFORMATION

Primary Guardian Name: _____

Relationship to Student: ☐ Mother ☐ Father Other: _____

Phone Number: _____ Email Address: _____

Home Address (if different from student): _____

Secondary Guardian Name: _____

Relationship to Student: ☐ Mother ☐ Father Other: _____

Phone Number: _____ Email Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____ Phone Number: _____

MEDICAL INFORMATION

Does the student have any allergies? ☐ Yes ☐ No

If yes, please list: _____

Does the student have any medical conditions we should be aware of? ☐ Yes ☐ No

If yes, please specify: _____

GP Name: _____ Phone Number: _____

GP Address : _____ Postcode _____

Any Social Worker: _____ Contact Number: _____

CONSENT & AGREEMENT

☐ I certify that the above information is correct to the best of my knowledge.

Documents Submitted: ☐ Birth Certificate ☐ Immunisation Records

☐ Proof of Address Other: _____

☐ I give permission for my child to receive emergency medical treatment if necessary.

☐ I understand that submitting this form does not guarantee admission; the school will review applications and notify parents accordingly.

Date: _____

Parent/Guardian

Playgroup Official