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**Welcome to Kingsley St John's School**

Please complete details below and return to the school office. Please ensure that you keep us up-to-date with any changes to addresses, telephone numbers, particularly work numbers and emergency contact details.

Child's Full Name : ..... Date of Birth: .....

Address : .....

Home Telephone Number : .....

Mother's Name : ..... Father's Name : .....

Mother's/Father's Address (if different from above):  
.....  
.....

Home Telephone Number: .....

Mother's Work Tel No: ..... Father's Work Tel No: .....

Mother's Mobile No: ..... Father's Mobile No: .....

Email Address for Correspondence: .....

Emergency contact details (if parents unavailable)

Name: ..... Relationship: ..... (e.g: Grandparent).

Address: .....

Tel No: .....

Name of Previous School/Nursery:  
Name/Address of Doctor:

In case of an accident involving your child, we will contact parents in the first instance. If we are unable to contact you, have we permission to transport your child for professional medical help? YES/NO\* (please delete).

Is your child allergic to anything? YES/NO\* (please delete).  
If YES, please specify:

Has your child any medical conditions, such as asthma, epilepsy? YES/NO\* (please delete).  
If YES, please specify:

Signed: ..... Parent/Guardian. Date: .....

PUPIL ADMISSION DATE TO KINGSLEY ST JOHN'S PRIMARY SCHOOL: \_\_\_\_\_

