EBOR ACADEMY TRUST

Robert Wilkinson PRIMARY ACADEMY

Ebor Academy Trust Pupil Registration Form

Please fill in this form in CAPITAL LETTERS and black ink only. Please only write within the white boxes. We will electronically scan and store the information you provide.

Statutory requirement by the Department for Education (DfE)

Pupil Information

Legal surname

Known surname

First and middle names

Known as

Date of birth D D M M Y Y Y Y

Gender

Male X Female X

Address of pupil's main residence (house number, street name, village)

Town

County

Postcode

Was your child premature?

X Yes X No X Prefer not to say

Name(s) of siblings in the academy

1

2

3

4

5

6

Country of Birth

Nationality

2nd Nationality (if dual)

Pupil Primary language

X English

Other (Please state)

Language spoken at home

X English

Other (Please state)

Native language of parents/guardians/ carers, other than English (if applicable)

Method of transport to/ from school