

THE HARMONY TRUST  
Greenfield Primary Academy



**SCHOOL ADMISSION FORM**

Forename(s): ..... Surname: .....

DOB: ..... Gender: .....

Year: ..... Class: ..... Admission Date: .....

Arrival in UK: ..... Country of Birth: .....

ID(BC/PP): ..... Ref No: .....

ID Checked By: ..... Date: .....

Address: ..... Name of Sibling(s) & Class: .....

.....

.....

.....

Post Code: ..... Home Tel No: .....

Mother / Carer's Name: ..... Father / Carer's Name: .....

.....

Place of birth/first language ..... Place of birth/first language .....

Mob No: ..... Mob No: .....

Email: ..... Email: .....

**Emergency contacts:**

1) Name: ..... Relationship: .....

Address & Postcode: .....

Home Tel No: ..... Mob No: .....

Child's Doctor & Address of Surgery: .....

.....

Tel No: .....

Head of Academy: Mrs Neophitou Executive Principal: Mrs M Eccles

Queen Street, Hyde, Cheshire, SK14 1QD

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Medications/diagnosed allergies/medical conditions:

.....  
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Does your child have asthma?      Yes    No    (please circle)

If yes, please complete an Asthma form. Your child must keep an inhaler in school, clearly labelled with their name.

Ethnic Origin:..... Nationality:.....

First Language your child learnt to speak:..... Read  Write

English: Read  Write  Speak

Family Language used at home: ..... Religion: .....

Name & Address of Previous School or Nursery:.....

.....

How does your child get to school?

Car  Bus  Walk  Taxi

Parent/Guardian Name & Relationship to child:.....

Signature:..... Date:.....