

**Nursery Admission Form**

**Please read carefully and complete all the information below and return to school in the prepaid envelope provided.**

The details requested are important for us to keep our records as accurate and up to date as possible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | **Legal Surname:** | |  |
| **Forename:** |  | | **Middle name:** | |  |
| **Chosen name:** |  | | **Gender:** | |  |
| **Date of birth:** |  | | | | |
| **Address:** |  | | | | |
| **Telephone:** |  | | | | |
| **Email address:** |  | | | | |
| **In local authority care?** | **Yes** |  | **No** |  |  |

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in order that you wish for them to be contacted in case of emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Name/Relationship/**  **Parental responsibility** | **Home address (if different from student)**  **Phone number** | **Work address / Phone / email** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Previous school name:** |  | | | |
| **Date of leaving:** |  | | | |
| **Reason for leaving (please tick below):** | | | | |
| Normal completion | |  | Family move |  |
| Voluntary transfer | |  | Exclusion |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Travel arrangements:** Please tick the appropriate choice/s | | | | | |
| Bicycle |  | Train |  | Car/van |  |
| Walk |  | Taxi |  | School bus |  |
| Car share |  | Public bus service |  | Other |  |

|  |
| --- |
| **Picking up from school:** Please write the names of the key people who will pick your child up from school |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dietary needs:**  Vegetarian/Halal, etc | | | | | |
| **Meal arrangement:** Please tick below | | | | | |
| Free school meal |  | Paid school meal |  | Sandwiches |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Armed Services Personnel**: Please advise if you, as parent or guardian are currently serving in the regular HM Forces. Please tick the applicable. | | | | | |
| Yes |  | No |  | Refused |  |

**ETHNICITY**

Please tick once in each column where appropriate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ETHNICITY** |  | **HOME (Main) Language** |  | **RELIGION** |  |
| Indian |  | English |  | Christian |  |
| Pakistani |  | Arabic |  | Hindu |  |
| Bangladeshi |  | Urdu |  | Jewish |  |
| Chinese |  | Panjabi |  | Muslim |  |
| Any other Asian background |  | Hindi |  | Sikh |  |
| Black African |  | Kurdish |  | No religion |  |
| Black Caribbean |  | Other (please state below): |  | Other |  |
| Any other Black background |  |  | | Unclassified |  |
| Mixed Race – White and Asian |  |  | |
| Mixed Race – White and Black African |  |
| Mixed Race – White and Black Caribbean |  |
| Other mixed background |  |
| White British |  |
| White Irish |  | **Nationality:** | |  | |
| Gypsy |  | **Country of Birth:** | |  | |
| Roma |  |  | | | |
| Traveller of Irish Heritage |  |
| Any other White background |  |
| Any other Ethnic group |  |  | | | |
| I do not wish an Ethnic background to be recorded |  |

**FIRST LANGUAGE** (The DCSF definition of ‘First Language’ is any language your child used in early childhood and continues to be exposed to).

Please tick one box below to indicate your child’s First Language:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Akan/Twi-Fante |  | Greek |  | Polish |  |
| Albanian/Shqip |  | Gujarati |  | Portuguese |  |
| Alur |  | Hindi |  | Romany/English Romanes |  |
| Amharic |  | Hungarian |  | Russian |  |
| Arabic |  | Italian |  | Serbian |  |
| Bengali |  | Kinyarwanda |  | Shona |  |
| Bosnian |  | Kurdish (any other) |  | Somali |  |
| British Sign Language |  | Kurdish (Kurmanji) |  | Spanish |  |
| Bulgarian |  | Kurdish (Sorani) |  | Swahili/Kiswahili |  |
| Chinese (any other) |  | Lingala |  | Swedish |  |
| Chinese (Cantonese) |  | Lithuanian |  | Tagalog/Filipino |  |
| Chinese (Hakka) |  | Manx Gaelic |  | Tamil |  |
| Chinese (Hokkien/Fujianese) |  | Ndebele |  | Turkish |  |
| Chinese (Mandarin/Putonghua) |  | Ogoni (Any) |  | Urdu |  |
| Croatian |  | Pahari (Pakistan) |  | Vietnamese |  |
| Dutch/Flemish |  | Panjabi (Pakistan) |  | Welsh/Cymraeg |  |
| English |  | Panjabi (Gurmukhi) |  | Additional categories |  |
| French |  | Panjabi (Mirpuri) |  | Refused |  |
| Gaelic/Irish |  | Panjabi (Pothwari) |  | Other language |  |
| Gaelic (Scotland) |  | Pashto/Pakhto |  | Please specify: |  |
| German |  | Persian/Farsi |  |  |  |

**MEDICAL DETAILS**

|  |
| --- |
| **Medical Practice:**  **Address:**  **Telephone number:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical conditions/disability** | | | |
| Does this condition put restrictions on any activities your child may take part in? (Please give details) | | | |
| Does your child have a care plan? Please tick | | | |
| Yes |  | No |  |
| **Medication**  Does your child take any medication for this condition? Please tick | | | |
| Yes |  | No |  |
| Name of medication:  Dosage: | | | |
| Kept in school medical cupboard |  | Kept on person |  |
| *Please note any medication (other than agreed with the school) must be administered by the pupil.* | | | |

|  |
| --- |
| Medical note: (Anything not covered above that you wish us to know about) |

|  |
| --- |
| Allergies: (Please give details of any allergies not mentioned above) |

|  |
| --- |
| Special Educational Needs: (Please inform us of any learning difficulties about which you may be concerned) |

**MEDICAL EMERGENCIES**

In an emergency, if we are unable to contact yourself or other specified contacts, we will need your consent for medical treatment to be given. If not already given, please indicate yes or no.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Emergency consent | Yes |  | No |  |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photographs and web publication of work**

Occasionally, the school and/or the Academy Trust, as well as the local newspaper may take photographs of pupils at this school. These photographs would be used in our own publications, the Academy Trust’s publications or in the local newspaper. The publications may then appear on our school website, Twitter and Facebook page. We would like to ask for permission to take photographs which include your child. We may also wish to publish your child’s learning on Class Dojo.

I agree that my son/daughter’s work may be electronically published. I also agree that appropriate images and video that include my son/daughter may be published subject to the school rule that photographs will not be accompanied by pupil names.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent / Guardian

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Protection Act 1998: The school is registered under the data protection act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Academy Trust/LA and with DCSF.