



NURSERY ADMISSION FORM

The information contained on this form will be placed on records on the school computers and held in keeping with the terms of the Data Protection Act of 1998 and the GDPR (General Data Protection Regulation) of 2018.

Please state which nursery place you are applying for (tick one)				
I require a full time (30 hours per week term time) nursery place				
I require a part time (15 hours per week term time) nursery place				
Please state which criteria for admissions you are applying under (tick one)				
1	2	3	4	5

Please complete ALL SECTIONS using CAPITAL letters (Your application may be delayed if we do not have all relevant information)

Please enter your child's details:	
Surname:	Name:
Date of Birth: DD / MM / YYYY	Gender: (circle) Male Female
Previous School or Nursery Information – if applicable	
Name of present/previous School or Nursery	
Address	
Tel No	
How would your child normally travel to school (please circle) Walk Car Public transport Other	
Service child* (please circle) Yes No <i>*anyone with parental responsibility who is a member of the Armed Forces</i>	

Parental Responsibility Information	
Name (1)	Name (2)
Relationship to child	Relationship to child
**Address:	**Address:
Postcode:	Postcode:
Home Tel No:	Home Tel No:
Work Tel No:	Work Tel No:
Mobile No:	Mobile No:
*** NI / NASS REF:	***NI / NASS REF:
*** Date of birth DD / MM / YYYY	*** Date of birth DD / MM / YYYY

Please **PRINT** clearly in CAPITAL LETTERS

Main Email Address****

**** This is our main method of keeping you informed and updated with what is going on in school, so please print clearly. Errors may mean you do not receive relevant information. The main e mail address is the e mail address which will receive **all** e mail correspondence.

Additional Email Address

** The address above must be the address which is the child's main residence and with the adult/s who has or have parental responsibility. Two pieces of evidence are required as proof of address, e.g. Electricity, Gas, Water or Council Tax Bill. These must be no older than 6 months at the time of application. An original Birth Certificate must be shown with this application form (please send in a photocopy in the first instance). Parents should note that child minders' addresses, including private arrangements with family members will not be taken into consideration. In the event of your child being offered a place further proof of address may be required and the original birth certificate will be requested prior to your child starting.

*** This information is used to assist us/you in obtaining additional funding called Pupil Premium to support your child or to access the 30 hour Nursery Education Funding, if applicable to your circumstances.

July 2018

Additional Emergency Contact 1 - this will be used in the event of the school not being able to contact those with parental responsibility

Name..... Telephone Number.....
Address.....
Postcode..... Relationship to child.....

Additional Emergency Contact 2 - this will be used in the event of the school not being able to contact Additional Emergency Contact 1

Name..... Telephone Number.....
Address.....
Postcode..... Relationship to child.....

Please list any other children attending this school

Name Date of birth.....DD / MM / YYYY
Name Date of birth.....DD / MM / YYYY
Name Date of birth.....DD / MM / YYYY

Medical Information

GP Practice address

Medical condition/s (if any).....

Permission to contact GP YES NO Permission to administer First Aid YES NO

Special Needs Information (if applicable)

Stage Category.....

Services currently involved

Ethnic group — Choose **ONE** section from A— E then tick **ONE** box to best describe your ethnic group or background

A. White

British Irish

Any other White background (please specify)

B. Mixed/Multiple ethnic groups

White and Black Caribbean White and Black African

White and Asian

Any other Mixed/multiple ethnic background (Please specify)

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C. Asian/Asian British

Indian Pakistani Bangladeshi Chinese

Any other Asian background (please specify)

.....

D. Black/African/Caribbean/Black British

African Caribbean

Any other Black/African/Caribbean background (please specify)

.....

E. Other Ethnic group

Arab

Any other ethnic group (please Specify)

.....

Is your child adopted? Please circle

Yes No

Language/s spoken at home

(please specify)

.....

I, the undersigned as Parent/Carer/Guardian of the above named child, declare that the information given is true, correct and complete.

Name..... Relationship to child.....
Signature..... Date.....