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|  | **Deepdale Community Primary School**  **St Stephen’s Road**  **Deepdale**  **Preston**  **PR1 6TD**  **01772 795586** |  |

**Nursery Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S DETAILS** | | | | | | | | | | | | | | | | | | | | |
| FORENAME | | | |  | | | | | | | SURNAME | | | | |  | | | | |
| CHOSEN NAME  (if different) | | | | | | |  | | | | | | | | | | | | | |
| DATE OF BIRTH | | | |  | | | | | | | PLACE OF BIRTH | | | | |  | | | | |
| MALE/ FEMALE | | | |  | | | | | | | FIRST LANGUAGE | | | | |  | | | | |
| NATIONALITY | | | |  | | | | | | | DATE ARRIVED IN UK (if applicable) | | | | |  | | | | |
| RELIGION | | | |  | | | | | | | ETHNICITY | | | | |  | | | | |
| Preferred session? | | | | AM (8:30am – 11:30 am) | | | | | | | |  | PM (12:30pm – 3:30pm | | | | | | |  |
| **PARENT/CARER 1** | | | | | | | | | | | | | | | | | | | | |
| TITLE | | |  | | | FORENAME | | | |  | | | | | SURNAME | | |  | | |
| ADDRESS | | | |  | | --- | |  | |  | |  | |  | POSTCODE: | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP | | |  | | | | | | | | EMAIL | | | |  | | | | | |
| HOME PHONE | | |  | | | | | | | | MOBILE | | | |  | | | | | |
| WORK PHONE | | |  | | | | | | | | DOES THE CHILD LIVE AT THIS ADDRESS? | | | | | | | | Y / N | |
| **PARENT/CARER 2** | | | | | | | | | | | | | | | | | | | | |
| TITLE | |  | | | FORENAME | | | |  | | | | | SURNAME | | |  | | | |
| ADDRESS | | | |  | | --- | |  | |  | |  | |  | POSTCODE: | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP | | |  | | | | | | | | EMAIL | | |  | | | | | | |
| HOME PHONE | | |  | | | | | | | | MOBILE | | |  | | | | | | |
| WORK PHONE | | |  | | | | | | | | DOES THE CHILD LIVE AT THIS ADDRESS? | | | | | | | | Y / N | |
| **Emergency Contact** | | | | | | | | | | | | | | | | | | | | |
| TITLE |  | | | | FORENAME | | |  | | | | | | SURNAME | | |  | | | |
| ADDRESS | | | |  | | --- | |  | |  | |  | |  | POSTCODE: | | | | | | | | | | | | | | | | | | |
| RELATIONSHIP | | |  | | | | | | | | EMAIL | | |  | | | | | | |
| HOME PHONE | | |  | | | | | | | | MOBILE | | |  | | | | | | |
| WORK PHONE | | |  | | | | | | | | DOES THE CHILD LIVE AT THIS ADDRESS? | | | | | | | | Y / N | |

Please complete this form and return to school with your child’s **birth certificate**, **passport** and **proof of address**.

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| **MEDICAL INFORMATION** | | | | | | | | | |
| DOCTOR’S SURGERY |  | DOCTOR’S NAME: | | |  | | DOCTOR’S TELEPHONE: | |  |
| DOCTOR’S ADDRESS | |  | | --- | |  | |  | |  | |  | POSTCODE: | | | | | | | | | |
| DOES YOUR CHILD HAVE ANY MEDICAL NEEDS? | | | | | YES / NO | | | | |
| IF YES, PLEASE PROVIDE DETAILS: | | | | | | | | | |
| DOES YOUR CHILD HAVE ANY DIETARY NEEDS/ ALLERGIES? | | | | | YES / NO | | | | |
| IF YES, PLEASE PROVIDE DETAILS: | | | | | | | | | |
| HAS YOUR CHILD ATTENDED A NURSERY BEFORE? | | | | | | | | | |
| SCHOOL/ NURSERY NAME |  | | | COUNTRY | | |  | | |
| TELEPHONE: |  | | | | | | | | |
| DATES ATTENDED | FROM: | |  | | | TO: | |  | |

I confirm that the information given in this form is accurate and understand that the completion of this form is not a guarantee of a place in Nursery at Deepdale Community Primary School

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| SIGNED: |  | RELATIONSHIP TO CHILD |  |
| PRINT: |  | DATE: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| OFFICE USE ONLY | | | |
| RECEIVED BY: |  | DATE: |  |
| DOCUMENTS CHECKED? | * BIRTH CERTIFICATE 🗆 * PASSPORT 🗆 * PROOF OF ADDRESS 🗆 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| --- | --- | --- | --- |
| DATE TO START: |  | REGISTRATION GROUP |  |

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| **DEEPDALE COMMUNITY PRIMARY SCHOOL**  This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information. Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies. Our full Privacy Notices can be seen on the school website. |