

Application for A Nursery Place

Are you applying for a place for a 2-year-old or a 3-year-old?

It is very important that we have accurate information about your child before he/she starts nursery. All information that you give will be treated in strict confidence.

Please bring your child's birth certificate to school along with this completed form

Childs Details:

Legal surname:	Legal first name:
Middle name:	Date of Birth:
Preferred surname:	Preferred first name:
Please state any other surname your child may have used:	Gender (Please circle) Male Female
Address:	
Home telephone number:	

Does any of the following apply to your child? (Please delete as appropriate)

- In public care **Yes / No**
- Known to Children's' Integrated Services (Social Worker) **Yes / No**
- Statement for Special Educational Needs / EHCP **Yes / No**
- Known to the Educational Psychology Service **Yes / No**

Parents Details:

We need to collect details of every parent

For the purpose of the school, you're a child's parent if you:

- Are the child's biological parent
- Aren't the child's biological parent, but have parental responsibility for them (e.g. adoptive parents, step-parents or guardians)
- Have the child in your care (e.g. Foster carers)

We need these details so we can meet our statutory responsibilities towards all parents.

If there's a court order that affects who has parental responsibility for the child, please contact the headteacher.

PARENT 1	
Surname	
First Name	
Home Address	
Home Phone number	
Mobile Number	
Email address	
Work Address	
Work Phone number	
Relationship to Child	
Do you live with the child? (Circle the most appropriate response)	Yes, Full time / Yes, part-time / No
If you answered yes part time please specify (For example - every other week, weekends only or every week Monday-Thursday?)	

PARENT 2	
Surname	
First Name	
Home Address	
Home Phone number	
Mobile Number	
Email address	
Work Address	
Work Phone number	
Relationship to Child	
Do you live with the child? (Circle the most appropriate response)	Yes, Full time / Yes, part-time / No
If you answered yes part time please specify (For example - every other week, weekends only or every week Monday-Thursday?)	

PARENT 3	
Surname	
First Name	
Home Address	
Home Phone number	
Mobile Number	
Email address	
Work Address	
Work Phone number	
Relationship to Child	
Do you live with the child? (Circle the most appropriate response)	Yes, Full time / Yes, part-time / No
If you answered yes part time please specify (For example - every other week, weekends only or every week Monday-Thursday?)	

PARENT 4	
Surname	
First Name	
Home Address	
Home Phone number	
Mobile Number	
Email address	
Work Address	
Work Phone number	
Relationship to Child	
Do you live with the child? (Circle the most appropriate response)	Yes, Full time / Yes, part-time / No
If you answered yes part time please specify (For example - every other week, weekends only or every week Monday-Thursday?)	

Emergency contact:

From time to time it may be necessary to contact parents or guardian during the day as a matter of urgency. Please provide where each parent or guardian may be contacted during school hours. In the event of either a parent or guardian not being available please give the name, relationship to the pupil and telephone number of a further contact/s.

Contact name	Relationship to child	Home Phone number	Mobile number	Works number

Ethnic Origin:

We are legally required by the Department for Children, Schools & Families (DCSF) to provide information about the background of pupils attending our school.

Please tick one of the following boxes to indicate ethnic background of your child

Bangladeshi		White British	
Black African		White Irish	
Black Caribbean		White & Black African	
Chinese		White & Black Caribbean	
Gypsy / Roma		Any other Asian background	
Indian		Any other Black background	
Pakistani		Any other Ethnic Group	
Traveller of Irish heritage		Any other mixed background	
Refused		Any other white background	

Home language	
Religion	
Any other language your child has been exposed to	

Medical Information:

Family Doctor

Doctor's Name	Medical Practice	Phone Number
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Medical conditions:

Please provide the details of any medical conditions that you child has:

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Please give details of any medicine which is required to be kept in school for your child:

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Please provide the details of any food allergies (medical evidence is required for catering purpose)

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Please provide the details of any special dietary requirement e.g. Vegetarian

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Does your child have a disability? Yes / No

Is your child toilet trained? Yes / No

Mode of transport:

Bicycle		Car share with other children	
Car		Walk	
Bus		Taxi	

Signed:..... **Dated**.....

We offer the following service to our parents.

Please complete if you would like to be included.

Text Messaging

We provide a text service to alert parents of events and activities in school.
Please provide the telephone number / s to be registered for this service.

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E-mail

Please provide an e-mail address / s for newsletters and correspondence

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Signed:.....

Dated:.....