**ROSEBERRY ACADEMY NURSERY PUPIL ADMISSION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PUPIL INFORMATION**  **2 year old entrant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | | | | | Forename: | | | | | | | | | | | | | | | | | | | | |
| Middle Name: | | | | | | | | | | | | | | | | | Chosen Name: | | | | | | | | | | | | | | | | | | | | |
| Gender: | Male | | | | |  | | | | Female | | | |  | | | Date of Birth: | | | | | | | | | | | | | | | | | | | | |
| Home Address:  Postcode: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel No: | | | | | | | | | | Mobile: | | | | | | | | | | | Start Date: | | | | | | | | | | | | | | | | |
| **FUNDING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your child eligible for nursery funding? | | | | | | | | Yes / No | | | | | | | | Number of funded hours your child is eligible to receive | | | | | | | | | | | |  | | | | | | | | | |
| **REQUESTED SESSIONS (Please tick the sessions you require and add ‘f’ for funded session, or ‘p’ for paid session)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Mon | | | | | | | | Tues | | | | | | Wed | | | | | | | Thurs | | | | | | | | Fri | | | | |
| 8.30 – 11.30 | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| Lunch | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| 12.00 – 3.00 | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| **PARENTAL RESPONSIBILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please give details of the adults that have parental responsibility for this child** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | Relationship to child: | | | | | | | | | | | | | | | | | | | | |
| Does the above child live at your address | | | | | | | | | | | | | | | | | Yes | | | | |  | | | | | | | No | | | | | |  | | |
| Name: | | | | | | | | | | | | | | | | | Relationship to child: | | | | | | | | | | | | | | | | | | | | |
| Does the above child live at your address | | | | | | | | | | | | | | | | | Yes | | | | |  | | | | | | | No | | | | | |  | | |
| **PARENT/GUARDIAN INFORMATION**  **We MUST have at least two contacts, please.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact 1: (This should be a Parent/Guardian) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | | | | | Forename: | | | | | | | | | | | | | | | | | | | | |
| Title: Mr / Mrs / Ms / Miss / Dr | | | | | | | | | | | | | | | | | Relationship to pupil: | | | | | | | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | Tel No: | | | | | | | | | | | Mobile: | | | | | | | | | | | | | | | | |
| Contact 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | | | | | Forename: | | | | | | | | | | | | | | | | | | | | |
| Title: Mr / Mrs / Ms / Miss / Dr | | | | | | | | | | | | | | | | | Relationship to pupil: | | | | | | | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | Tel No: | | | | | | | | | | | Mobile: | | | | | | | | | | | | | | | | |
| Contact 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | | | | | Forename: | | | | | | | | | | | | | | | | | | | | |
| Title: Mr / Mrs / Ms / Miss / Dr | | | | | | | | | | | | | | | | | Relationship to pupil: | | | | | | | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | Tel No: | | | | | | | | | | | Mobile: | | | | | | | | | | | | | | | | |
| Contact 4: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | | | | | Forename: | | | | | | | | | | | | | | | | | | | | |
| Title: Mr / Mrs / Ms / Miss / Dr | | | | | | | | | | | | | | | | | Relationship to pupil: | | | | | | | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | Tel No: | | | | | | | | | | | Mobile: | | | | | | | | | | | | | | | | |
| **SIBLING DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | | | | | | | | | | | |
| **SERVICE CHILDREN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is a parent/carer employed as service personnel ie military or defence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | No | |  |
| **MEAL ARRANGEMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paid Meal | |  | | | | | Packed Lunch | | | | | | |  | | | | | Free Meal | | | | |  | | | Free Meal Claim Date: | | | | | | | | |  | |
| **MEDICAL AND SPECIAL NEEDS INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctor’s Name: | | | | | | | | | | | | | | | | | | | | Tel No. | | | | | | | | | | | | | | | | | |
| Doctor’s Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Visitor’s name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Conditions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child have additional needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give details of any Social Services involvement: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ETHNIC ORIGIN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White | | |  | | British | | | |  | | Irish | |  | | Traveller of Irish Heritage | | | | | | | |  | | | Gypsy/ Roma | | | | |  | Other White | | | | |  |
| Mixed | | |  | | White & Black Caribbean | | | | | | | |  | | White & Black African | | | | | | | |  | | | White & Asian | | | | |  | Other Mixed | | | | |  |
| Asian/Asian British | | |  | | Bangladeshi | | | | | | | |  | | Indian | | | | | | | |  | | | Pakistani | | | | |  | Other Asian | | | | |  |
| Black/Black British | | |  | | Caribbean: | | | | | | | |  | | African: | | | | | | | |  | | | Other Black: | | | | | | | | | | |  |
| Religion: | | | | | | | | | | | | | | | | Home Language: | | | | | | | | | | | | | | | | | | | | | |
| Mother Tongue: | | | | | | | | | | | | | | | | English as additional language: | | | | | | | | | | | | | | | | | | | | | |
| **PREVIOUS NURSERY / CHILDMINDER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DOES YOUR CHILD ATTEND A NURSERY SETTING IN ADDITION TO ROSEBERRY NURSERY?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of setting: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EVIDENCE OF IDENTITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide the child’s birth certificate for identification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth certificate seen by: | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | | |
| Place offered: Y / N | | | | | | | | | | | | | | | | | | Start date: | | | | | | | | | | | | | | | | | | | |