**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:  |