

ADMISSION FORM

| | | | |
|-----------------|--|----------------|--|
| CHILD'S SURNAME | | FORENAME | |
| MIDDLE NAME(S) | | CHOSEN NAME | |
| MALE / FEMALE | | DATE of BIRTH | |
| HOME ADDRESS | | | |
| POST CODE | | HOME TELEPHONE | |

| OTHER SIBLINGS IN THE FAMILY: | | | |
|-------------------------------|--|------|-----------------|
| NAME | | Dob: | School attends: |
| NAME | | Dob: | School attends: |

| PREVIOUS PRE-SCHOOL / NURSERY / PLAYGROUP if any | |
|--|--|
| NAME | |

| DATE FOR ADMISSION: | | | | | |
|--|-----|------|-----|-------|-----|
| Desired hours <small>please tick</small> | MON | TUES | WED | THURS | FRI |
| AMs only 8.30 – 12.00 | | | | | |
| PMs only 12.00 – 3.00 | | | | | |
| Full Day 8.30 – 3.00 | | | | | |
| Breakfast Club 8 - 8.30 | | | | | |
| After School 3.00 – 4.00 | | | | | |
| After School 4.00 – 5.00 | | | | | |
| After School 5.00 – 6.00 | | | | | |

| If you intend to apply for Government Funding of 15 or 30 hours, tick which provision you require Please tick one | |
|--|--|
| Basic childcare provision (free with 15 or 30 hours funding). Additional hours are not available. <i>N.B. We only have a limited number of free funded places.</i> | |
| Enhanced teaching provision (as outlined on our website) payable at our Enhanced rate for all hours. Any funding provided from the Government will be taken off your bill. | |

| ETHNIC ORIGIN We are required by the Department for Education and Skills to collect the following Information: | |
|--|--|
| What is the ethic description of your child? | |

| | |
|---|--|
| FIRST LANGUAGE (Language/s spoken at home) | |
|---|--|

| | | | |
|------------------|--|-------------|--|
| COUNTRY OF BIRTH | | NATIONALITY | |
|------------------|--|-------------|--|

| | |
|-----------|--|
| RELIGION: | |
|-----------|--|

It is a legal requirement that the school has sight of your child's original birth certificate. Please bring it in to the office with the completed forms. The certificate will be returned to you immediately in person or held in the school safe.

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Contact Details

Please give details of all persons who have any legal responsibility for this pupil

AND anyone else who could be contacted in an emergency if you are not available.

Use the **Contact priority (1...4)** to indicate the preferred order in which school should contact people in an emergency

Relationship should be shown as **Aunt, Grandparent, Step-Parent, Neighbour, Childminder, etc.**

| MOTHER | | | | |
|---|----------|----------|----------|----------|
| Contact Priority Number | 1 | 2 | 3 | 4 |
| | | | | |
| Surname | | | Title | |
| Forename | | | | |
| Address | | | | |
| | | | | |
| | | | | |
| Post Code | | | | |
| Home Tel. No | | | | |
| Mobile Tel. No | | | | |
| Daytime Tel. No | | | | |
| Work Place | | | | |
| e-mail | | | | |
| Legal Status of Parental Responsibility | Y | N | | |

| FATHER | | | | |
|---|----------|----------|----------|----------|
| Contact Priority Number | 1 | 2 | 3 | 4 |
| | | | | |
| Surname | | | Title | |
| Forename | | | | |
| Address | | | | |
| | | | | |
| | | | | |
| Post Code | | | | |
| Home Tel. No | | | | |
| Mobile Tel. No | | | | |
| Daytime Tel. No | | | | |
| Work Place | | | | |
| e-mail | | | | |
| Legal Status of Parental Responsibility | Y | N | | |

| Relationship: | | | | |
|---|----------|----------|----------|----------|
| Contact Priority Number | 1 | 2 | 3 | 4 |
| | | | | |
| Surname | | | Title | |
| Forename | | | | |
| Address | | | | |
| | | | | |
| | | | | |
| Post Code | | | | |
| Home Tel. No | | | | |
| Mobile Tel. No | | | | |
| Daytime Tel. No | | | | |
| Work Place | | | | |
| e-mail | | | | |
| Legal Status of Parental Responsibility | Y | N | | |

| Relationship: | | | | |
|---|----------|----------|----------|----------|
| Contact Priority Number | 1 | 2 | 3 | 4 |
| | | | | |
| Surname | | | Title | |
| Forename | | | | |
| Address | | | | |
| | | | | |
| | | | | |
| Post Code | | | | |
| Home Tel. No | | | | |
| Mobile Tel. No | | | | |
| Daytime Tel. No | | | | |
| Work Place | | | | |
| e-mail | | | | |
| Legal Status of Parental Responsibility | Y | N | | |

Continued...

Medical Questionnaire

Pupil's Name: DoB:

| MEDICAL INFORMATION | | | |
|--|--|-----------|--|
| Doctor's Name | | Telephone | |
| Surgery Address | | | |
| Medical conditions or information you wish the school to record: | | | |

- Has your child suffered any serious illness/infection? (i.e. Chicken Pox, Measles)
YES/NO

- Were there any known difficulties in your child's early development?
YES/NO

- Has your child had any operations?
YES/NO

- Has your child ever suffered from convulsions? YES / NO. If Yes, please give dates(s) and cause if known

- Is your child allergic to Plasters? YES/NO Type:

- Does your child have any other allergies? (i.e. asthma, hay fever, eczema, etc.)
YES/NO
If YES, what are the signs/symptoms to look out for?
.....

- Is your child independent in the toilet – clean and dry during the day?
YES/NO

- Left Handed/Right Handed/Don't know yet

- Has your child received vaccination against Tetanus in the last 5 years? YES/NO

- Is your child fully up to date with all childhood vaccinations? YES/NO. If no, what are they missing?

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- Are there any known problems relating to Speech? **YES/NO**
 Referred to speech therapist, etc.? YES/NO
 Present Treatment:
 Possible Future Needs:

- Are there any known problems relating to Vision? **YES/NO**
 Referred to optician/hospital, etc.? YES/NO
 Present Treatment: Glasses Worn: YES/NO
 Possible Future Needs:

- Are there any known problems relating to Hearing? **YES/NO**
 Referred to specialist? YES/NO
 Present Treatment:
 Possible Future Needs:

MEDICINES: Any prescribed medication that needs to be taken during the school day must be handed to the School Office by the parent/carer. A consent form will be required to be completed and all medicines should be in containers clearly labelled with the child's name, the type of medicine and the dosage instructions. All medication must be in date.

48 HOUR RULE: We remind parents that children should remain at home for 48 hours following the last episode of vomiting or diarrhoea. This follows the advice of the Health Protection Agency and is considered best practice in preventing viruses spreading throughout the school community.

Please return this form, ensuring you have enclosed the following:

- £500 deposit
- Copy of child's birth certificate or passport as proof of date of birth
- Any supporting documentation e.g. Educational Care and Health Plan, any other Special Educational Needs, previous nursery reports etc..

Declaration:

I confirm that the information given in this form is true, complete and accurate.

Signed _____ (parent/carer) Date _____

Print Name _____

Child's Name _____