



NEW PUPIL ADMISSION FORM – NURSERY

All schools are required by law to keep on record details of children admitted; we would therefore be grateful if you would complete the form in **BLOCK CAPITALS** and hand it into the school office when your child is admitted along with your child's birth certificate.

SECTION 1 – INFORMATION ON PUPIL

First Name.....Known as.....
Middle Name.....Surname.....
Address.....
.....Temporary/Permanent
Post CodeHome Telephone Number.....
Date of BirthGender: (M/F).....
Position of Child in Family Out OfBrothers and Sisters
Other siblings in THIS school (including their year group).....
.....

SECTION 2 – INFORMATION ON FAMILY AND HOME

1. Miss / Ms / Mrs (please circle) **Mother's First Name**.....
Surname.....Language(s) Used
Address and postcode (if different from above).....
.....
Mobile Number.....Work Phone Number.....
E-mail address.....
*National Insurance Number
*Date of BirthCountry of Birth.....
If we need to contact you: Priority 1 2 3 4 (please circle)

2. Father's First Name.....**Surname**.....
Language(s) Used
Address and postcode (if different from above).....
.....
Mobile Number.....Work Phone Number.....
E-mail address.....
*National Insurance Number.....
*Date of BirthCountry of Birth.....
If we need to contact you: Priority 1 2 3 4 (please circle)

Information marked with an * is confidential and only used for checking if additional funding is available for the pupil (ie Early Years funding, Pupils Premium Funding and Statutory obligations) If you think you may be entitled please tick

SECTION 2 – CONTINUED

3. Who has parental responsibility for the pupil? (Please tick box)

Mother Father Both Neither

4. (If applicable) Name of Carer(s).....

Contact Telephone Number(s).....

E-mail addressRelationship to Pupil.....

Is the pupil in public care? Yes/No

Details of Care Arrangement.....Date.....

SECTION 3 – EMERGENCY CONTACTS

We also require details of two additional people we could contact in an emergency (this should NOT be Mum or Dad):

1. First Name.....**Surname**.....

Address and Postcode.....

.....Contact Telephone Number.....

Language(s) Spoken.....Relationship to Pupil.....

Priority 1 2 3 4 (please circle)

2. First Name.....**Surname**.....

Address and Postcode.....

.....Contact Telephone Number.....

Language(s) Spoken.....Relationship to Pupil.....

Priority 1 2 3 4 (please circle)

SECTION 4 – ENTITLEMENT/ENROLMENT

1. My Child is entitled to: 15 Hours entitlement *Am session 8.30-11.30*

OR

Pm sessions 12.15-3.15

Please tick this box if you want to upgrade to 30 Hours (8.30-3.15) for £75 per week

OR 30 Hours entitlement *8.30-3.15pm*

Please see the 30 hours Information Letter in this pack for details. We must have your Government 30 hours code to secure a space. If a valid code is not received before your child starts with us your 30 hours place will be cancelled

Code:.....

2. Last School or Nursery Attended In the U.K. (Including Address)

.....

3. Any Time(s) Spent Out Of School

.....

4. Does your child have any Special Educational Needs

.....

SECTION 5 - ADDITIONAL INFORMATION FROM PARENT(S)

1. Pupil's Country of BirthReligion

Ethnic Origin: White British White Irish Traveller Irish Any Other White Background
Gypsy/Roma White and Black Caribbean White and Black African White and Asian
Any Other Mixed Background Indian Pakistani Bangladeshi Any Other Asian Background
Black Caribbean Black African Any Other Black Background Chinese
Any Other Ethnic Background

2. First Language.....

Language spoken at home (with family and friends).....
2nd and/or 3rd Languages.....

3. Any Dietary Requirements.....

Please advise the office if your child has a specific dietary requirement. Menus are available on the school website.

4. Any other important information you wish to tell us about your child and family?

.....
.....

SECTION 6 – MEDICAL

1. Doctor's Name.....Surgery Name.....

Address and Postcode of Doctor.....

Phone Number.....

2. Does your child have any medical conditions/allergies we should know about? (e.g.Asthma)

.....
.....

3. Do we have permission to administer first aid? Yes/no

Do we have permission to contact your doctor? Yes/no

Please note: It is your responsibility to make the school aware of any changes to your child's medical needs including any allergies/food intolerances.

SECTION 7 - PERMISSION

1. I give permission for the school to use photos/videos of my child:

Internally - within the school premises Yes/No

Externally - advertising/website/social media Yes/No

Please note: Permission will be individually sought in cases for external literature and advertising where pupils are named.

2. School Visits - Sometimes your child may be taken on visits to places of interest in the local area and further away. These visits are usually connected to the work they are doing in school and can sometimes be to a place of worship. The school will notify you and ask for voluntary contributions when these visits are further away and require travel on public or private transport. Pupils are always accompanied by a Teacher and supervised in accordance with the Oxfordshire County Council guidelines.

I give permission for my child to visit places in the locality and further away during the school day, which form a part of the school's curriculum.

Signed (Parent/Guardian).....Print Name.....

Date.....

3. Permission to collect - I give the following people permission to collect our child from school:

Please advise school immediately if this changes.

Name	Relationship to child

4. Please provide a password for school staff if you need to provide emergency/alternative collection arrangements for your child.....

Data protection - The purpose of this form is to collect data for further processing within the schools and LA systems. Your signature on this form implies your consent to the school/LA to process the data. The data will be processed in accordance with the purposes notified by the school/LA to the Data Commissioner's office and are subject to the Data Protection act. The information given will be entered onto a computer and form part of the school's database. This information will also be shared with others, such as School Nurses as per the privacy notice.

Declaration of person with legal responsibility:

I declare the above information to be correct to the best of my knowledge at the time of completion. I agree to notify the school of any change in my child's circumstances.

Signed: _____ Date: _____

Headteacher; Mr N Blackwell BSc NPQH



FOR OFFICE USE ONLY

Pupil Full Name.....

Date of Birth.....

Birth Certificate/Passport (*date received*)

Application Form (*date received*)

Start Date.....

N1 or N2.....

Hours and Sessions Confirmed (*check with EYFS Lead*).....

30 Hours Code (*if required*).....

Medical Info (*if asthmatic send asthma form and record date received back*).....

.....

.....*Date kitchen informed*.....

Social Media Permission.....Yes / No.....Date.....

Integris (*date*).....

Teachers To Parents (*date*).....

School Money (*add to any relevant items*).....

Welcome Text Sent (*date*).....

PPF (*true/false*).....

Tapestry & Permission to collect document passed on to Teacher:

<h2>Notes</h2>
