

## APPLICATION FOR ADMISSION TO NURSERY

### Child's Details

Date of birth		Gender	BOY <input type="checkbox"/> GIRL <input type="checkbox"/> <small>(Please tick)</small>
First name(s)		Surname	
Address			
	Postcode		
Is the child a Looked After Child (LAC) by a Local Authority?		Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes please attach details/evidence)</small>	
Does the child have a sibling already attending the school?		Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please list sibling name(s))</small>	
Does the child have a Statement of Special Educational Needs (SEND)?		Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes please attach details/evidence)</small>	

### Name of First Parent/Carer Living at Home Address Above

Title		First name		Surname	
Relationship to child		Parental responsibility?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home telephone number		Work telephone number			

### Name of Second Parent/Carer

Title		First name		Surname	
Relationship to child		Parental responsibility?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home telephone number		Work telephone number			
Address (if different)					

### Nursery Setting

Preferred sessions	Times	a.m.    8.30 am to 11.30 am <input type="checkbox"/> p.m.    12.30 pm to 3.30 pm <input type="checkbox"/> no preference <input type="checkbox"/> <small>(Please tick)</small>
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**Emergency Contact Details**

Name of doctor		Telephone number	
Any medical or other history which nursery setting should know			
Other contacts in case of emergency or illness at school			
Name(s)		Telephone number(s)	

**Supplementary Details**

Which playgroup does your child attend?			
Please list any other nursery settings applied for			
Number of children in family		Position of this child	

**Signature**

Signature		Date	
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**Please provide a copy of your child's birth certificate with this admission form**

**Please return this form to the Primary School office.**

**Non-Compulsory Information**

Child's religion		Home language	
Ethnicity (please tick)			
<input type="checkbox"/>	Asian or Asian British – Bangladeshi	Mixed – White and Asian	<input type="checkbox"/>
<input type="checkbox"/>	Asian or Asian British – Indian	Mixed – White and Black African	<input type="checkbox"/>
<input type="checkbox"/>	Asian or Asian British – Pakistani	Mixed – White and Black Caribbean	<input type="checkbox"/>
<input type="checkbox"/>	Asian or Asian British – Other	Mixed White and Other	<input type="checkbox"/>
<input type="checkbox"/>	Black or Black British – African	White – British	<input type="checkbox"/>
<input type="checkbox"/>	Black or Black British – Caribbean	White – Irish	<input type="checkbox"/>
<input type="checkbox"/>	Black or Black British – Other	White – Other	<input type="checkbox"/>
<input type="checkbox"/>	Chinese	Traveller or Irish Heritage	<input type="checkbox"/>
<input type="checkbox"/>	Any Other	Gypsy / Roma	<input type="checkbox"/>
<input type="checkbox"/>	Does the child have a disability (tick if yes)?		