



GATEFORD PARK PRIMARY SCHOOL
NURSERY ADMISSION FORM – ELF CLASS

About your Child

Surname

Forename

Legal Surname

Chosen Name

Middle Name

Gender M/F Date of Birth

Home Address _____

Postcode _____

Previous Nursery/Childminder _____

CONTACTS

Parents/Guardians with whom pupil lives

Title	First Name	Surname	Parental Responsibility? Y/N	Work Tel No	Mobile Tel No
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Relationship to child _____

Occupation _____

Title	First Name	Surname	Parental Responsibility? Y/N	Work Tel No	Mobile Tel No
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Relationship to child _____

Occupation _____

Main email address for correspondence:- _____

Other contacts

In case of emergency, if we cannot contact you, please enter other people we may be able to contact

Title	First Name	Surname	Home Tel No	Mobile Tel No	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Details (*this section is mandatory*)

<u>Court Orders</u>	Are there any court orders affecting this pupil? (If yes, please give details on another sheet of paper)	Y/N
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Social Worker Yes / No - Please give their name _____

Looked After Child? Yes/No

Medical Details Doctor _____

Are there any medical problems that we should be aware of, for example, asthma? If yes, please give details.

Are there any special educational needs that we should be aware of? If yes, please give details.

Any medically diagnosed allergies? _____

Consultant's Name and Hospital _____

Any dietary requirements? (intolerances, vegetarian, vegan, religious restrictions)

Transport to School: Please circle Walk / Bicycle / Car /Taxi / Bus

Language: What is the language used at home?

What is the language used at school?

Pupil Nationality:

Pupil's Country of birth:

What is your family religion?

Ethnic Origin: Please tick which box applies to you (ie. Where do you originate from?)

White

- ☐ British
- ☐ Irish
- ☐ Traveller of Irish Heritage
- ☐ Gypsy/Roma
- ☐ Any other White background

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background

☐ Chinese

☐ I do not wish an ethnic background category to be recorded

Mixed

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed background

Black or Black British

- ☐ Caribbean
- ☐ African
- ☐ Any other Black background

☐ Any other ethnic background

Application for sessions

We are an educational setting, rather than a childcare provider and we are keen to ensure that your child experiences the widest range of experiences possible.

Children eligible for 15 hours will ideally attend 5 morning sessions per week.

Children who are eligible for 30 hours will ideally attend 5 mornings per week and up to 5 afternoons per week.

We have some flexibility and can discuss your individual needs.

Please select one of the following options:-

- My child has a 30-hour code and will require a full-time place. ☐
- My child has a 30-hour code but will not attend full time. ☐
- My child does not have a 30-hour code and will attend 15 hours. ☐
- My child does not have a 30-hour code and will attend 15 hours and paid for additional hours. ☐

Is there anything else that we need to be aware of?

Signed _____ (Parent/Guardian) Date _____

Print Name _____