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_____

Two-Year-Old Funding for families in receipt of Government support Reference Number (if applicable)_____

CONTACTS

Parents/Guardians with whom pupil lives

Title	First Name	Surname	Parental Responsibility? **Y/N**	Work Tel No	Mobile Tel No

Relationship to child _____

Occupation _____

Title	First Name	Surname	Parental Responsibility? **Y/N**	Work Tel No	Mobile Tel No

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)*

Court Orders Are there any court orders affecting this pupil? Y/N

(If yes, please give details on another sheet of paper)

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)

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

Mixed

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

Asian or Asian British

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

Black or Black British

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

☐ **Chinese**

☐ **Any other ethnic background**

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

PARENT/CARER DETAILS *to be completed only if believe to be eligible*

If you wish to claim for Working Families Childcare, we need your written consent to validate your code. We can't validate the code without your own date of birth and your NI/NASS number.

Please provide the following information (both parents) to enable the local authority to run a check to confirm eligibility of Early Years Pupil Premium.

Parent/Carer First Name: Parent/Carer Surname:

Parent/Carer Date of Birth: Parent/Carer NI or NASS Number:

Parent/Carer Signature:

Parent/Carer First Name: Parent/Carer Surname:

Parent/Carer Date of Birth: Parent/Carer NI or NASS Number:

Parent/Carer Signature:

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; ☐

  The National Insurance number of the person applying for the 30-hour code is _____

- My child has a 30-hour code but will not attend full time. ☐

  The National Insurance number of the person applying for the 30-hour code is _____

- 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? Please detail below.

Signed _____ (Parent/Guardian) Date _____

Print Name _____