

NURSERY ADMISSION FORM

Please complete this form in BLOCK CAPITALS and black ink



1. PUPIL BASIC DETAILS

Legal Forename	<input type="text"/>	Preferred Forename	<input type="text"/>
Legal Surname	<input type="text"/>	Preferred Surname	<input type="text"/>
Middle Name/s	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Of Birth	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y		
House Number	<input type="text"/>	Flat Number / Name	<input type="text"/>
Street	<input type="text"/>		
Town	<input type="text"/>		
Postcode	<input type="text"/>		

2A. PARENT/CARER CONTACT DETAILS

PLEASE

- Detail below the order of contact priority in case of an emergency. For safeguarding purposes, we require a minimum of 2 contacts.
- Ensure that consent is given before entering personal details.
- Ensure you provide us with a current email address and mobile number as we communicate with parents/carers via email and text.
- Notify us of any changes as we need to be able to contact the relevant person quickly if your child is ill.
- Note that all correspondence and pupil reports will be sent to Priority Contact 1. If duplicate copies of pupil reports and/or correspondence are required, please indicate this by ticking the appropriate box(es) below.

PRIORITY CONTACT 1

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Flat Number / Name	<input type="text"/>
Forename	<input type="text"/>	House Number	<input type="text"/>
Surname	<input type="text"/>	Street	<input type="text"/>
1st Contact Number	<input type="text"/>	Town/City	<input type="text"/>
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Postcode	<input type="text"/>
2nd Contact Number	<input type="text"/>	Relationship to pupil	<input type="text"/>
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Email	<input type="text"/>
3rd Contact Number	<input type="text"/>	<input type="checkbox"/> Parental Responsibility	<input type="checkbox"/> Requires Pupil Reports
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Member of the armed forces	<input type="checkbox"/> Requires Correspondence
		<input type="checkbox"/> Court Order Restricted Access	

PRIORITY CONTACT 2

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Flat Number / Name	<input type="text"/>
Forename	<input type="text"/>	House Number	<input type="text"/>
Surname	<input type="text"/>	Street	<input type="text"/>
1st Contact Number	<input type="text"/>	Town/City	<input type="text"/>
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Postcode	<input type="text"/>
2nd Contact Number	<input type="text"/>	Relationship to pupil	<input type="text"/>
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Email	<input type="text"/>
3rd Contact Number	<input type="text"/>	<input type="checkbox"/> Parental Responsibility	<input type="checkbox"/> Requires Pupil Reports
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Member of the armed forces	<input type="checkbox"/> Requires Correspondence
		<input type="checkbox"/> Court Order Restricted Access	

2B. ADDITIONAL CONTACT DETAILS

PRIORITY CONTACT 3

Salutation Mr Mrs Miss Ms

Forename

Surname

Relationship to pupil

1st Contact Number

Mobile Home Work

2nd Contact Number

Mobile Home Work

Parental Responsibility Requires Pupil Reports

Court Order Restricted Access Requires Correspondence

PRIORITY CONTACT 4

Salutation Mr Mrs Miss Ms

Forename

Surname

Relationship to pupil

1st Contact Number

Mobile Home Work

2nd Contact Number

Mobile Home Work

Parental Responsibility Requires Pupil Reports

Court Order Restricted Access Requires Correspondence

2C. FAMILY LINKS

PLEASE Provide the legal name, year group and TICK Male or Female of any siblings or other family members attending the School

Relationship to pupil

Legal Forename

Legal Surname

Year

Gender Male Female

Relationship to pupil

Legal Forename

Legal Surname

Year

Gender Male Female

3. ETHNIC/CULTURAL INFORMATION

To help in monitoring Equal Opportunities please TICK below for both Ethnicity and Religion in relation to your child.

White – British

Black – Caribbean

Asylum Seeker

White – Irish

Bangladeshi

Refugee

White/Black African

Pakistani

Prefer Not To Say

White/Black Caribbean

Chinese

Other Please Specify

White/Asian

Gypsy/Roma

Black – African

Traveller Irish Heritage

Buddhist

Jehovah's Witness

No Religion

Catholic

Jewish

Refused

Christian

Muslim

Other Please Specify

Hindu

Sikh

Country of birth

Home Language

Nationality

English as an Additional Language Yes No

First Language

4. MEDICAL INFORMATION

Doctor/Surgery Name

Doctor/Surgery Telephone

Doctor/Surgery Address

Are any other agencies working with your child?
E.g. Speech Therapist, Social Worker

The Equality Act defines a disabled person as anyone who has, or has had, a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities. The School has a duty to make reasonable adjustments.

Do you consider your child to have a disability? Yes No
 Yes No

Does your child have any long term health condition, allergy or dietary requirement that the School needs to be made aware of?

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> No long term health conditions | <input type="checkbox"/> Gastroenterology |
| <input type="checkbox"/> Allergy - Food | <input type="checkbox"/> Hematology |
| <input type="checkbox"/> Allergy - Medicine | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Allergy - Other | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Dietary Need | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> SEN (e.g. ASD, ADHD) |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Other |

I agree for first aid to be administered or an ambulance called if necessary. Yes No
 Yes No

Is your child allergic to plasters? Yes No

Do you permit staff to apply plasters if necessary? Yes No

My child suffers from 'photo induced epilepsy'. Yes No

If yes, I give permission for him/her to use computers in School. Yes No

Does your child require medication to be administered by the School? *If yes, please contact the School Office to obtain a Medication Consent Form* Yes No

If yes, in the space below please advise of any medical condition, including further information such as auxiliary aids required, dietary requirements and any emergency action that should be taken (e.g. Asthma, Epilepsy, Coeliac Disease).

If you require additional space, please attach a separate sheet, ensuring to include your child's name on the additional sheet.

5. ADDITIONAL INFORMATION

Has your child attended any other Nursery/School?
Please use space below to detail names and dates attended

Please state your preference of nursery session AM PM
(Please note these places can not be guaranteed)
 AM PM

Is your child adopted? Yes No
 Yes No

Is your child in local authority care? Yes No

Does your child have an Educational Health Care Plan? Yes No

Is your child toilet trained? Yes No

Usual mode of travel to the School (please indicate)

- Bus Walk Bicycle Car Other

Would you like to tell us a little bit about your child? *(Likes, dislikes, personality, behaviour, communication, speech, eating & drinking)*

6. CONSENT PREFERENCES

You have choice and control over how the School uses some of your personal data. You may withdraw these consent preferences at any time. Further information about how to do this can be found below.

In some cases the School will want to contact you to tell you about School events, news, and general updates. Please state if you would like to receive these communications.

Text message
 Email
 Social Media
 Hard Copy (Post)
 I do not wish to receive any non essential communications

Yes No

The School uses biometric recognition for some of its systems (e.g. cashless catering and library management). Do you agree for your child's biometric data to be obtained and stored for these purposes?

The School/Trust would like to use photographs, quotes and video images of your child to promote the School/Trust and its activities. If you agree to your child's full name being published tick 'Yes - Identified'. If you agree to your child's photograph/quote/video image being published without their name tick 'Yes - Unidentified'.

	Yes - Identified	Yes - Unidentified	No
Do you consent to your child's photograph, quote and video image being used in the School's prospectus, newsletters, associated print, videos, website or social media pages?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Do you consent to visual recordings of your child being made and stored securely in the School?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Do you consent to your child's photograph and video image being published in the media?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

To withdraw or change your consent preferences above please email Schoolrecords@orchardhead.patrust.org.uk

To find out more about how our School uses your personal data then please see our privacy notice which can be found on https://www.pontefractacademiestrust.org.uk/?page_id=3213

7. PARENT/CARER SIGNATURE

I certify that to the best of my knowledge, the information given on this form is true and correct.

Parent/Carer Name

Parent/Carer Signature

Date: / /

OFFICE USE ONLY

BIRTH CERTIFICATE CHECKED?
 INPUT TO MIS?
 SCANNED TO MIS?

ADMISSION NUMBER YEAR & TUTOR GROUP

ADMISSION DATE / / ADMISSION MEETING WITH (SLT)

SIGNATURE DATE / /