

Ringmer Primary and Nursery School

Nursery Admissions Form

To be completed once a nursery place has been allocated and accepted

Please use BLOCK CAPITALS

The information you give on this form will help your child's school to give him/her the best possible support. It is important therefore that you fill in this form as accurately as possible. The personal information you give will be held on computer systems at the school/college and by the Children's Services Department and is covered by data protection legislation. Some of the data you give is required by the Department for Children, Schools and Families for local and national statistics.

Date of admission: _____

Pupil details

Legal surname: _____

Preferred surname: _____
(if different)

First name: _____

Preferred first name: _____

Middle name(s): _____

Home address: _____

Town: _____

Post code: _____

Country of birth: _____

Ethnicity: Please complete the separate form to record your child's ethnic background.

Religion: _____

Language spoken at home: _____

Birth certificate serial number: _____

Birth certificate copy included

Boy	<input type="checkbox"/>	Girl	<input type="checkbox"/>			
Date of birth	<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr></table>			Day	Month	Year
Day	Month	Year				

Is this address permanent or temporary? _____

Home telephone no: _____

Nationality: _____

Pupils first language: _____

Sessions accepted

Morning extended care: (7.45 – 8.45): **MON TUES WED THUR FRI**

AM(8.45 – 12.30) **MON TUES WED THUR FRI**
(this session covers lunch time. Packed lunch needed)

PM session (12.30 – 3.30): **MON TUES WED THUR FRI**

Afternoon extended care: (3.30 – 5.30): **MON TUES WED THUR FRI**

Previous and/or additional childcare:

Name of the last/other setting or childminder attended: _____

Address: _____

Dates attended; from _____
to _____

Reason for leaving: _____
(if applicable)

Post code: _____ Tel number: _____

Additional support

Does your child have a statement of special educational needs? Yes No

Do you have contact with any outside agencies such as Speech Therapy, CAMHS, Social Services, Education Welfare Service, Education Psychology Service

Please state _____

Medical details

Asthma	<input type="checkbox"/>
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We need to know about any medical conditions your child may have.

Please tick **all** relevant boxes

Eczema	
Epilepsy	
Hay fever	

Are there any other illnesses or conditions that we should be aware of? Yes No

If Yes, please specify here _____

(please continue on a separate sheet if necessary)

Does your child wear corrective glasses? Yes No

Does your child have any allergies or dietary needs that we should be aware of? Yes No

If Yes, please specify _____

Does your child require any ongoing medication? Yes No

If yes, please give clear information about the name of the medication, strength and dose even if it is not required during the school day.

Medical details (continued)

Emergency contact details in priority order

Priority	Full name	Landline Tel	Mobile number	Relationship to pupil
1		(H)		
		(W)		
2		(H)		
		(W)		
3		(H)		
		(W)		
4		(H)		
		(W)		

Emergency treatment

I/we consent to my child receiving emergency hospital treatment should it be considered necessary and to a member of school staff signing the consent form if I am/ we are unable to be contacted.

1) Signed _____ Date _____

Relationship to child _____

2) Signed _____ Date _____

Relationship to child _____

Doctor's details

Doctor's name: _____

Practice name: _____

Practice address: _____

Tel number: _____

Family details

Does your child have any brothers or sisters attending this school Yes No

If yes, please give details

Full name	Date of birth

Family details (continued)

Parent/carer details

Parent/carer 1

Title _____

Surname _____

First name _____

Address _____

Post code _____

Parent/carer 2

Title _____

Surname _____

First name _____

Address _____

Post code _____

Home tel _____

Home tel _____

Work tel _____

Work tel _____

Mobile no. _____

Mobile no. _____

Email address _____

Email address _____

Relationship to pupil _____

Relationship to pupil _____

Parental responsibility Yes No

Parental responsibility Yes No

First language _____

First language _____

Should correspondence be addressed to this person Yes No

Should correspondence be addressed to this person Yes No

Should correspondence be addressed jointly Yes No

Are you Asylum Seekers Yes No

Is a translator required
Parent/carer 1 Yes No

Are you Travellers Yes No

Parent/carer 2 Yes No

Parental declaration

The details supplied on this form are correct to the best of my knowledge. I understand that the head teacher must be informed of any changes which might affect my child's education.

Signed: _____

Parent/carer (1) Date: _____

Signed: _____

Parent/carer (2) Date: _____

Please return this form to the head teacher of the school.

Data Protection Act

Personal information that you have provided will be used carefully and may be held on computer systems at the school/college and in the Children's Services Department. These uses of personal information are covered by registration under the data protection legislation. Under this legislation you have the right to obtain a copy of the information we hold about you. The admissions booklet gives more detailed information about the use of this data.