

# NURSERY ADMISSIONS ONLY

This application does not guarantee a place in the Reception class. An application for Reception needs to be completed through Oxfordshire County Council.



## Admission Form

### STUDENT DETAILS

Legal Surname	_____	Preferred Surname	_____
First Name	_____	Known Name	_____
Middle Name(s)	_____	Date of Birth	___ / ___ / ____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Telephone 1	_____
Home Address	_____ _____ _____	Home Telephone 2	_____
Postcode	_____	Is this the pupil's home address <input type="checkbox"/> or term time only <input type="checkbox"/>	
		(tick one)	
		Nationality	_____
		Religion	_____
		(e.g. Catholic, Christian, Hindu, Jewish, Muslim, Sikh, Buddhist, Other, No Religion etc.)	
		Country of Birth	_____
Ethnicity (please tick)	<input type="checkbox"/> White: British	<input type="checkbox"/> Asian or Asian British: Indian	
	<input type="checkbox"/> White: Irish	<input type="checkbox"/> Asian or Asian British: Pakistani	
	<input type="checkbox"/> White: Traveller of Irish Heritage	<input type="checkbox"/> Asian or Asian British: Bangladeshi	
	<input type="checkbox"/> White: Other	<input type="checkbox"/> Asian or Asian British: Other	
	<input type="checkbox"/> White: Gypsy / Roma	<input type="checkbox"/> Black or Black British: Caribbean	
	<input type="checkbox"/> Mixed: White and Black Caribbean	<input type="checkbox"/> Black or Black British: African	
	<input type="checkbox"/> Mixed: White and Black African	<input type="checkbox"/> Black or Black British: Other	
	<input type="checkbox"/> Mixed: White and Asian	<input type="checkbox"/> Chinese	
	<input type="checkbox"/> Mixed: Other	<input type="checkbox"/> Any other ethnic group	
		<input type="checkbox"/> Prefer not to say	
First Language	<input type="checkbox"/> English <input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Prefer not to say	
Language Spoken at Home	<input type="checkbox"/> English <input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Prefer not to say	
Does the child have a parent currently serving in the UK military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility
1						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility
2						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility
3						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility
4						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility
5						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.

**If any parents do not live with the pupil but require copies of school correspondence e.g. newsletters, pupil reports, please notify the school.**

Is your child in care?

Yes

No

If **YES** please give details (including start date of placement and Care Authority).

Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access)

## SIBLINGS

If your child has any siblings who attend this school, please provide their names.

## MEDICAL DETAILS

Doctor's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Medical Practice Name \_\_\_\_\_

Practice Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Do you give permission for the school to call your child's medical practice in an emergency?

Yes

No

Has your child had his/her pre-school booster?

Yes

No

Do you give permission for the school to administer first aid in an emergency?

Yes

No

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken. (examples of medical conditions are. Asthma, Epilepsy, Diabetes, Bowel or bladder conditions, Serious Allergies, Allergies to bee stings, nuts or particular medicines etc. or any other medical conditions.)

Please provide details if your child has any problems with mobility, behaviour, hearing, speech, vision or if they wear glasses.

Does your child need regular medication on prescription?

Yes

No

Will your child need medication during school hours?

Yes

No

**If you have answered YES please contact the school to make an appointment to discuss your child's needs with school staff.**

Would you like the opportunity to discuss your child's health with the school?

Yes

No

Would you like the opportunity to discuss your child's health with the School Health Nurse?

Yes

No

## ADDITIONAL INFORMATION

By law, children in families claiming Income Support or Income Based Job Seeker's Allowance are entitled to free School Meals (provided evidence of these benefits have been made available to the school). Even if your child will not be taking free school meals it is important that we have this information since it affects our funding and the way in which the school's performance in tests and examinations is compared with that in other schools. We will ask this question again from time to time to ensure that our records are accurate, and on occasion may need to see relevance proof.

Please indicate if you are receiving Income Support / / Job Seeker's Allowance.

**If you have ticked the box above please complete the section below.**

**Parent / Guardian 1 : Name** \_\_\_\_\_ **Date of Birth :** \_\_\_\_\_

**National Insurance Number** \_\_\_\_\_

**Parent / Guardian 2 : Name** \_\_\_\_\_ **Date of Birth :** \_\_\_\_\_

**National Insurance Number** \_\_\_\_\_

## SCHOOL HISTORY

Please give details of all previous settings attended by your child – if any.  
Continue on a separate page if there is insufficient space.

**School 1** : Name of School or Pre-School setting : \_\_\_\_\_

Address of School or Pre-School setting : \_\_\_\_\_

Postcode \_\_\_\_\_

Date of arrival at this School/Pre-School : \_\_ / \_\_ / \_\_\_\_ Date of leaving this School / Pre-School : \_\_ / \_\_ / \_\_\_\_

Reason for leaving this School/Pre-School: \_\_\_\_\_

\_\_\_\_\_

**School 2** : Name of School or Pre-School setting : \_\_\_\_\_

Address of School or Pre-School setting : \_\_\_\_\_

Postcode \_\_\_\_\_

Date of arrival at this School/Pre-School : \_\_ / \_\_ / \_\_\_\_ Date of leaving this School / Pre-School : \_\_ / \_\_ / \_\_\_\_

Reason for leaving this School/Pre-School: \_\_\_\_\_

\_\_\_\_\_

**School 3** : Name of School or Pre-School setting : \_\_\_\_\_

Address of School or Pre-School setting : \_\_\_\_\_

Postcode \_\_\_\_\_

Date of arrival at this School/Pre-School : \_\_ / \_\_ / \_\_\_\_ Date of leaving this School / Pre-School : \_\_ / \_\_ / \_\_\_\_

Reason for leaving this School/Pre-School: \_\_\_\_\_

\_\_\_\_\_

# PARENTAL CONSENT

Consent Type	Permission <i>(Please circle your response)</i>		Notes
Off-site school trips/activities (local) – participation	Denied	Granted	
Off-site school trips/activities (local) - receive first aid or urgent medical treatment	Denied	Granted	
Permission to use the Internet at school (see separate Internet Safety form)	Denied	Granted	
Photographs/Videos - for use within school premises	Denied	Granted	
Photographs/Videos - for use in school publications (e.g. newsletters, displays)	Denied	Granted	
Photographs/Videos - for use on school website	Denied	Granted	
Permission to publish schoolwork on the school website and other media.	Denied	Granted	

**Photographs/Videos are subject to the school policy that they will not be accompanied by child(ren)'s full name(s).**

Please tick the box below stating which sessions you would like your child to attend:

	8:45 – 11:45
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Please tick:

- I will be using my Universal entitlement to 15 hours of Early Education Funding
- I would like to pay for sessions

I confirm that the above information is correct:

Signed : \_\_\_\_\_

Name (in block capitals please) : \_\_\_\_\_

Date : \_\_\_\_\_

Relation to the child : \_\_\_\_\_

Data Protection Act 1998 - The School is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and The School Standards and Framework Act 1998. Some of this data will be shared with the Local Authority and may be shared with other agencies that are involved in the health and welfare of school children.