



Little Learners Nursery Application Form

Please note that admission to the Nursery does NOT guarantee a place in the Reception Class. Please ask at the academy office for the admission arrangements for children wishing to be admitted to the Reception year.

CHILD'S DETAILS

Please give child's name in full (as per birth certificate) Unique 5 digit reference code _____

SURNAME _____

FORENAMES _____

DATE OF BIRTH _____ GENDER Male/Female

FULL ADDRESS _____

_____ POST CODE _____

PARENT AND CARER DETAILS

Please give names of all parent(s) / carer(s) who live(s) at the same address as the pupil and/or elsewhere.

1. SURNAME _____ TITLE _____

FORENAME _____ RELATIONSHIP TO PUPIL _____

FULL ADDRESS _____

_____ POST CODE _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

MOBILE PHONE NUMBER _____

EMAIL ADDRESS _____

PARENTAL RESPONSIBILITY YES / NO

FIRST LANGUAGE _____

SHOULD CORRESPONDENCE BE ADDRESSED TO THIS PERSON YES / NO

SHOULD CORRESPONDENCE BE ADDRESSED JOINTLY YES / NO

ARE YOU ASYLUM SEEKERS YES / NO

ARE YOU TRAVELLERS YES / NO

2. SURNAME _____ TITLE _____

FORENAME _____ RELATIONSHIP TO PUPIL _____

FULL ADDRESS _____

_____ POST CODE _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

MOBILE PHONE NUMBER _____

EMAIL ADDRESS _____

PARENTAL RESPONSIBILITY YES / NO

FIRST LANGUAGE _____

SHOULD CORRESPONDENCE BE ADDRESSED TO THIS PERSON YES / NO

IS A TRANSLATOR REQUIRED: PARENT / CARER 1 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 Principal must be informed of any changes which might affect my child's education.

SIGNED _____ PARENT / CARER (1) DATE _____

SIGNED _____ PARENT / CARER (2) DATE _____

SIBLING DETAILS

NAME (S) OF ANY BROTHERS OR SISTERS WHO WILL BE ATTENDING HOLMBUSH PRIMARY ACADEMY **AT THE TIME OF ADMISSION**

NAME _____ YEAR GROUP _____

NAME _____ YEAR GROUP _____

NAME _____ YEAR GROUP _____

SPECIAL EDUCATIONAL NEED

DOES YOUR CHILD HAVE A CURRENT STATEMENT OF EDUCATIONAL NEED? YES / NO

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEED? YES / NO

(PLEASE ATTACH RELEVANT INFORMATION)

MEDICAL DETAILS

We need to know about any medical conditions your child may have. Please tick all relevant boxes

Asthma	
Eczema	
Epilepsy	
Hayfever	

ADHD	
ASD	
Dyslexia	
Dyspraxia	

Colour Blindness	
Eyesight problems	
Hearing problems	
Diabetes	

Other (please specify) _____

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 have any allergies or dietary needs that we should be aware of? YES / NO

If Yes, please specify here _____

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 _____

EMERGENCY CONTACTS

Please give information of OTHER contacts and their relationship to child who we may call in an emergency situation.

Priority	Full Name	Landline number	Mobile number	Relationship to pupil
1				
2				
3				
4				

EMERGENCY TREATMENT

I / we consent to my child receiving emergency hospital treatment should it be necessary and to a member of 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 _____

DOCTORS DETAILS

Doctor's name _____ Practice name _____

Practice address _____

Telephone number _____

START DATE AND NUMBER OF SESSIONS

WHEN DO YOU WISH YOUR CHILD TO START AT NURSERY? _____

PLEASE INDICATE IN THE TABLE BELOW WHICH SESSIONS YOU WOULD LIKE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING 8:30-11:30					
LUNCH 11:30-12:30					
AFTERNOON 12:30-15:30					

OTHER INFORMATION

PLEASE ATTACH ANY OTHER INFORMATION WHICH MAY BE RELEVANT TO THIS APPLICATION

SIGNED _____ DATE _____

ETHNIC BACKGROUND MONITORING FORM

Pupil's name _____ Class (if known) _____

We want to make sure that everyone who uses our services is treated fairly. Finding out more about who uses our services helps us know if we are doing a good job for all people.

Our ethnic background describes how we think of ourselves. This may be based on many things including for example, our language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the groups listed below and tick one box only to indicate the ethnic background of the pupil named above. There are no right or wrong answers, just mark the box that you think best describes your child.

White		Black or Black British	
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
Traveller of Irish heritage	<input type="checkbox"/>		
Any other White background	<input type="checkbox"/>	Asian or Asian British	
		Indian	<input type="checkbox"/>
Mixed		Pakistani	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>		
Any other Mixed background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other group (please specify)		Prefer not to say	<input type="checkbox"/>

Please note the information you give will be passed on to future schools, to save it having to be asked for again.

SIGNED _____ PARENT / CARER DATE _____

Please return this form to the academy office.