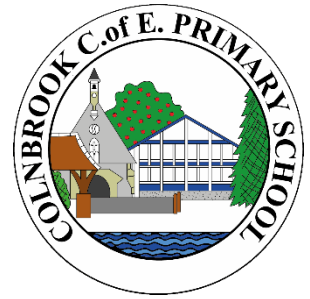


Colnbrook C. of E. Primary School
High Street, Colnbrook, Berkshire, SL3 0JZ
Tel: 01753 683661
Email: mail@colnbrookprimary.com
Website: www.colnbrookprimary.com
Headteacher: Mr Tom Brunson B.A.(Hons), PGCE



APPLICATION FOR ADMISSION OF A CHILD TO NURSERY

Surname: _____ Forename(s): _____
Date of birth: _____ Male / Female *(Please circle)*
Place of birth: _____ Country of Birth _____ Nationality _____
Child's address: _____
Postcode: _____ Home telephone no: _____
If born outside of the UK - Date of entry into the UK: _____

Mother's/Carer's details: (Mrs, Miss, Ms) – (Please circle)

Surname: _____ Forename: _____
Address: _____ Postcode: _____
E-Mail Address: _____
Telephone No: Home: _____ Mobile: _____ Work: _____
Place Of Work: _____
Custody of child YES / NO *(Please circle)*
Does anyone have restricted access in your family? YES / NO

Father's/Carer's Details:

Surname: _____ Forename: _____
Address: _____ Postcode: _____
E-Mail Address: _____
Telephone No: Home: _____ Mobile: _____ Work: _____
Place Of Work: _____
Custody Of Child Yes / No *(Please Circle)*
Does anyone have restricted access in your family? YES / NO

Name of siblings:	D.O.B.
_____	_____
_____	_____

Medical Details

Doctor's Name: _____ Telephone No: _____

Address: _____ Postcode: _____

Does your child wear glasses? YES / NO (*Please circle*)

Does your child have a hearing problem? YES / NO (*Please circle*)

Does your child have any dietary needs (e.g. vegetarian)? *Please give details:* _____

Does your child have allergies (including food allergies)? *Please give details:* _____

Any other medical illness: _____

Emergency Contact: Please give details of person to be contacted in emergency (*other than Parent*)

Surname: _____ Forename: _____ Relationship to Child: _____

Telephone No: Home: _____ Mobile: _____ Work: _____

Ethnic Details:

First Language: _____ Home Language: _____ Religion: _____

Please tick the box that best describes your child's background

Asian/Asian British	Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	Mirpuri	<input type="checkbox"/>
	Sri Lankan Tamil	<input type="checkbox"/>	Taiwanese	<input type="checkbox"/>
	Thai	<input type="checkbox"/>	Other Asian Group	<input type="checkbox"/>
Black/Black British	Caribbean	<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>
	Nigerian	<input type="checkbox"/>	Somalian	<input type="checkbox"/>
	Other Black group	<input type="checkbox"/>		
Chinese	Hong Kong Chinese	<input type="checkbox"/>	Other Chinese Group	<input type="checkbox"/>
White	English	<input type="checkbox"/>	Cornish	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
	Welsh	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>
	Gypsy/Roma	<input type="checkbox"/>	Italian	<input type="checkbox"/>
	Portuguese	<input type="checkbox"/>	Eastern European	<input type="checkbox"/>
	Western European	<input type="checkbox"/>	Other White Group	<input type="checkbox"/>
Mixed Heritage	Asian and Chinese	<input type="checkbox"/>	Asian and Black	<input type="checkbox"/>
	Asian and White	<input type="checkbox"/>	White and African	<input type="checkbox"/>
	Other Mixed Group	<input type="checkbox"/>		
	Afghanistani	<input type="checkbox"/>	Arab	<input type="checkbox"/>
	Lebanese	<input type="checkbox"/>	Other ethnic Group	<input type="checkbox"/>
Refused to declare		<input type="checkbox"/>		

Mode of Travel: Walk, Car, Taxi, Public Transport (*Please circle*)

Signed: _____

Date: _____

Nursery places are allocated in accordance with Slough's policy for admission to Nurseries in Voluntary Controlled Schools. Please specify below under which criteria you wish to be considered:

FOR OFFICE USE:

Birth Certificate seen: YES / NO

Visa/Passport seen: YES / NO

Date of Admission: _____ UPN NO: _____ ADMISSION NO: _____