



ST STEPHEN'S C OF E PRIMARY SCHOOL NURSERY ADMISSION FORM

(Confidential)

INFORMATION ON THE CHILD

First Name(s):	Surname:	Known As:
Date of Birth:	Country of Birth: Nationality:	Gender: Male / Female
Last country lived in before arrival in the uk:	Date of arrival in the uk:	Home languages spoken:
Date of first speaking English:	Is English spoken to at home: Is English read at home:	Place of worship attended: Religion:
Address: Post Code:		Home Telephone No: Mobile Number:
Position of child in family: 1 2 3 4 5 6 7 out of	Brothers/Sisters already attending St Stephen's:	Religious/dietary requirements:

INFORMATION ON HOME AND FAMILY

Mother's Name:	Address:	Home Phone Number: Work: Mobile:
E-Mail Address:		
Father's Name:	Address:	Home Phone Number: Work: Mobile:
E-Mail Address:		

Who has parental responsibility for the child?

Mother:		Father:		Other:		Is the child cared for by a single parent?
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If 'Other' has parental responsibility for the child, please give details:

Name of Carer:	Relationship to Child:	Is the child 'Looked After' by a local authority? Name of Local Authority:
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Name & Address of Doctor:	Telephone Number:
Does your child have any condition that we should know about? Additional information (wears glasses, asthma, regular medication)	

Emergency Contact Information

We need details of two people other than the Parents/Carers, who we can contact if there is an emergency

Name:	Relationship to Child:	Home No.
		Mobile No.

Name:	Relationship to Child:	Home No.
		Mobile No.

Educational History

Previous schools attended - please include Pre-School and Nursery (please put in order attended)

Name of School:	Address:	Dates from and to:
1		
2		

30 Hours Free Childcare Entitlement

Parent National Insurance Number: <input type="text"/>	DERN Number: <input type="text"/>
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Additional Information:

Please add any further information that you may wish the school to know about you (you may wish to inform us of other important information about your child and family)

Does your child have Special Needs?	Yes / No
If yes, please give details:	

PARENTAL CONSENT

SCHOOL VISITS

1. I agree to my child going on fully supervised visits during school time.
2. I understand that if my child should need emergency medical treatment, every effort will be made to contact me before treatment is given. If, however, this is impossible, I give consent to my child undergoing emergency medical treatment.

PHOTOGRAPHIC CONSENT

From time to time we are involved in events which are photographed by the school or local press. These pictures may be used to promote the school within the community.

1. I agree to my child being photographed during school activities and performances and for school publicity events.
2. I agree that the copyright of such photography belongs to the photographer and may be used in publications and promotions including electronic media such as internet technology.

INTERNET PERMISSION

I agree to my child using electronic mail or the internet under the supervision of an adult who is following the school guidelines.

SIGNED:
(Parent/Carer)

DATE:

NAME: