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| --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Legal Surname: |  | | | Child’s Legal Forename: |  | | |
| Middle name(s): |  | | | Chosen Name: |  | | |
|  |  | | | Gender: | **Male/Female** | | |
| Address: | **Postcode:** | | | **Date of Birth:** | |  | |
| **Birth certificate / medical card seen.** | | **Yes No**  **NHS no.** | |
| Home Telephone Number: |  | | | **E-mail:** | |  | |
| Mobile Number: |  | | | | | | |
| Previous nursery/school attended: |  | | | | | | |
|  | **Please indicate any other children in the family.** | | | | | | |
| **Name:**  **Age:** | | **Name:**  **Age:** | | | | | **Name:**  **Age:** |
| **Parents’ or Guardians’ details** | | | | | | | |
| Mothers name:  Title Miss/MrS/Ms/other\_\_\_\_\_\_\_\_\_\_\_  Address:  Date of birth:  Mobile Number:  Home number:  Occupation:  Works contact number  Email address:  N.I. Number:  National Asylum Support Service (NASS) Number:  (If applicable) | | | Fathers name:  Title mr/other\_\_\_\_\_\_\_\_\_  Address:  Date of birth:  Mobile number:  Home number:  Occupation:  Works contact number  Email address:  N.I. Number:  National Asylum Support Service (NASS) Number:  (If applicable) | | | | |
| Other contact DETAILS:  Name/Title:  Address:  Mode of travel to school  (Car, Bus, Walk etc)  Other (Please state) : | | | Relationship to child:  Mobile Number:  Home Number:  Occupation:  Works contact number: | | | | |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | White British |  | Pakistani |  | White black African |  | | White Irish |  | Bangladeshi |  | White Asian |  | | Traveller |  | Any other Asian background |  | Any other mixed background |  | | Any other white background |  | Black Caribbean |  | Indian |  | | Gypsy/Roma |  | Black African |  | Chinese |  | | White/black Caribbean |  | Any other black background |  | Any other ethnic group |  | | Please state other ethnic origin:   |  |  | | --- | --- | | Home Language: | **Religion** | | Is English spoken as the first language at home: Yes/No if no, please specify language spoken at home: | | | | | | | | |
| Medical Information: | |
| Does your child suffer from any of the following:  Asthma? Yes/No Any Allergies? Yes/No  Any Other Medical Conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is your child on any medication i.e. inhalers (please state)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If the answer to allergies is yes, please give clear details i.e. peanuts, plasters, milk etc. and provide us with a doctor’s letter detailing the medical condition.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doctor’s note seen:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does your child have any special needs? Yes/No  (If yes, please state) | |
| Are there any other external agencies involved with your child? Yes/No  (If yes, please state) | |
| Does your child have any special dietary needs i.e. halal etc Yes/No | |
| If yes, what? | |
| Doctor’s Name and Address: | |
| Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Office Use Only:  UPN Number:  Start Date:  Checked by: |