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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 numberEmail 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:

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| Home Language: | **Religion** |
| Is English spoken as the first language at home: Yes/No if no, please specify language spoken at home:  |

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| Medical Information: |
| Does your child suffer from any of the following:Asthma? Yes/No Any Allergies? Yes/NoAny 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: |