

*All belong, all achieve.*

## NURSERY ADMISSIONS FORM

We welcome children to our Nursery in the academic year during which they turn four. Children will start Nursery the September after they turn three.

*Please complete this form as fully as possible. It includes information that might be essential in the case of an emergency. The information provided will also be used to assess pupils' eligibility for free school meals and the school's eligibility for additional finance. Please write clearly.*

### CHILD INFORMATION

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Admission Stage: \_\_\_\_\_  
(I.e. Nursery, Reception, Year 1, Year 2.)

Child's Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position in Family: \_\_\_\_\_ [i.e. 1<sup>st</sup> of 3 / only child / 2<sup>nd</sup> of 2]

Names and dates of birth of other children in the family:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Names of siblings attending Heber School:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Are there any care or post-looked after arrangements in place? \_\_\_\_\_

If yes, please provide details:

\_\_\_\_\_

Child's Address:

\_\_\_\_\_

Post Code: \_\_\_\_\_ Borough of Residence: \_\_\_\_\_

Mode of transport to school: \_\_\_\_\_ Nationality: \_\_\_\_\_

Previous School/s: \_\_\_\_\_

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## PARENT / CARER CONTACT DETAILS

1st Parent / Carer Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

National Insurance No. \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

National Asylum Support Service Number (NASS): \_\_\_\_\_

Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Work No: \_\_\_\_\_

Email Address: PLEASE WRITE CLEARLY IN CAPITAL LETTERS

\_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date Entered UK: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have parental responsibility for this child? \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2nd Parent / Carer Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

National Insurance No. \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

National Asylum Support Service Number (NASS): \_\_\_\_\_

Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Work No: \_\_\_\_\_

Email Address: PLEASE WRITE CLEARLY IN CAPITAL LETTERS

\_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date Entered UK: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have parental responsibility for this child? \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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## ADDITIONAL CONTACTS IN CASE OF EMERGENCY

Please give details of a relative or friend who can be contacted in an emergency if the school is unable to reach parent / carer:

Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## MEDICAL INFORMATION

Child's National Health Number (NHS): \_\_\_\_\_

*Collection of Pupil NHS / NASS Numbers: Pupil NHS Numbers are now being collected by schools. They may be used in the event of a medical emergency as the NHS will then be able to access the pupils' records more quickly. This information will also be shared with the Local Authority. This will enable services to work more effectively in supporting children in schools.*

Does your child suffer from any specific medical condition or allergy? Yes / No

If YES, please specify: \_\_\_\_\_

Does your child require a special diet and/or do you have restrictions on certain foods?

Yes / No If YES, please specify: \_\_\_\_\_

Has your child been vaccinated against Tetanus? Yes / No

If YES, date of last vaccination: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child suffer from travel sickness? Yes / No

If YES, will you give them motion sickness medicine for a school trip? Yes / No

If YES, which brand? \_\_\_\_\_

Name and Address of Child's Doctor: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Notes Regarding Medicines & Illness: The authority recommends that medicines should be taken at home, wherever possible. If this is not possible, all medicine must be brought to the school office, clearly labelled with your child's name and class together with instructions for administering it. If your child is unwell, please do not send them to school. A note should be sent to school on your child's return, giving a detailed explanation for absence.*

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## INFORMATION RELATED TO YOUR CHILD'S LEARNING

*A child progresses most quickly when home and school are working together. It is important, therefore, that the school has relevant information about each child and that you get to know your child's teacher early in the school year. The following information will be of great value to us:*

Does your child have an EHCP (Education Health Care Plan)? Yes / No

If YES, please specify when the plan was received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Has your child received any **formal** diagnosis (e.g. dyslexia, autism, ADHD)?  
Yes / No

If YES, please specify the diagnosis: \_\_\_\_\_

*(Please also provide school with any paperwork related to the given diagnosis.)*

Was your child receiving any additional support or intervention at their previous setting?  
Yes / No

If YES, please specify (e.g. Speech & Language) \_\_\_\_\_

What is the main language spoken at home? \_\_\_\_\_

If not English, please specify your child's ability in the following:

Ability to **understand** English: POOR      ADEQUATE      GOOD      EXCELLENT

Ability to **speak** English:      POOR      ADEQUATE      GOOD      EXCELLENT

Does your child understand any other languages? YES / NO

If YES, please specify: \_\_\_\_\_ Religion: \_\_\_\_\_

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CHILD'S ETHNIC ORIGIN – PLEASE TICK OR COMMENT IF 'OTHER'

Black	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
African	<input type="checkbox"/>	White	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	English/ Scot/ Welsh	<input type="checkbox"/>
Arab	<input type="checkbox"/>	Irish	<input type="checkbox"/>
SE Asia	<input type="checkbox"/>	Greek	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Other: _____			

### PERMISSION FOR PHOTOGRAPHS AND FILMING

From time to time children may be involved in photography or filming. Images may be used in school and may be uploaded on to the school's website. We would be grateful if you could give written permission in advance. You can withdraw consent at any point by emailing the school office.

	Yes	No
I give permission for my child's photo or video image to be used on the school website.		
I give permission for my child's photograph to be used in school for display purposes.		
I give permission for my child's photograph to be used in other printed publications such as a school prospectus or marketing leaflet/banner.		
I give permission for my child's image to be used on the school's social media site (currently only Twitter).		
I give permission for my child's photograph to appear in the media, ie. local printed press or other websites.		

Signed parent / carer: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please print parent/carers name: \_\_\_\_\_



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## PERMISSION FOR LOCAL VISITS

I give permission for my child \_\_\_\_\_ to be taken out of school on local visits, which do not involve public or private transport.

Signed parent / carer: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please print parent/carers name: \_\_\_\_\_

## RESPONSIBILITY FOR YOUR CHILD

I understand that the school is not responsible for my child before 8.45am or after 3.30pm  
(other than those attending After School Club Activities and School Trips)

Signed parent / carer: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please print parent/carers name: \_\_\_\_\_

*Please inform us of any changes to this form. Thank you.*



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### Heber Nursery Preference Form

Name of child: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I would like to apply for a place for my child at Heber Nursery and my preferred attendance options are (please tick your preference from the choices below):

1 <sup>st</sup> Preference	Please tick
Monday - Wednesday = 2.5 days <b>£27.00 per month fees</b> (over 10 months) for an additional 1 hour per week.	
Wednesday-Fridays = 2.5 days <b>£27.00 per month fees</b> (over 10 months) for an additional 1 hour per week.	
Full time - 30 hours Government Funded Free Childcare. <b>£69.00 per month fees</b> (over 10 months) for an additional 2.5 hours per week.	
Full time Fee Paying 15 hours' free childcare <b>£485.00 per month fees</b> (over 10 months) for an additional 17.5 hours.	

2 <sup>nd</sup> Preference	Please tick
Monday - Wednesday = 2.5 days <b>£27.00 per month fees</b> (over 10 months) for an additional 1 hour per week.	
Wednesday-Fridays = 2.5 days <b>£27.00 per month fees</b> (over 10 months) for an additional 1 hour per week.	
Full time - 30 hours Government Funded Free Childcare. <b>£69.00 per month fees</b> (over 10 months) for an additional 2.5 hours per week.	
Full time Fee Paying 15 hours' free childcare <b>£485.00 per month fees</b> (over 10 months) for an additional 17.5 hours.	

**Please return this form by 1<sup>st</sup> April to be considered for the following September.**