

Pre-School Application Form

1. Child's details (please write in black ink and block capitals)

Legal Surname			
First Names			
Known as (if different)			Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Home Address	Date of Birth		
	Country of Birth		
	Nationality		
Postcode			Religion
Is this child a 'looked after child' or previously 'looked after child'? Yes / No			
Child's present pre-school/nursery (if applicable)			
Home language			
Is your child fluent in their home language?			
Ethnic Origin (see codes below)			

WBRI=White-British; WIRI=White-Irish; WIRT=White-Traveller of Irish Heritage; WROM=White-Gypsy/Roma; WOTH=White-Any Other White Background;
 MWBC=Mixed-White/Black Caribbean; MWBA=Mixed-White/Black African; MWAS=Mixed- White/Asian;
 MOTH=Mixed-Any Other Mixed Background;
 AIND=Asian or Asian/British Indian; APKN=Asian or Asian/British-Pakistani; ABAN= Asian or Asian/British-Bangladeshi; AOTH= Any Other Asian Background;
 BCRB=Black or Black British Caribbean; BAFR=Black or Black British African; BOTH=Black or Black/British Other Black Background;



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Parent/Carer Details (1)	
Title	
Surname	
First Name	
Mobile tel	
Home tel	
Place of work	
Work tel	
Email	
Relationship to child	
Parental responsibility?	Yes / No
Address same as child above?	Yes / No
If not, please provide current address:	

Parent/Carer Details (2)	
Title	
Surname	
First Name	
Mobile tel	
Home tel	
Place of work	
Work tel	
Email	
Relationship to child	
Parental responsibility?	Yes / No
Address same as child above?	Yes / No
If not, please provide current address:	

3. Medical details

We need to know about any medical conditions your child may have. Please tick all relevant boxes.

Asthma	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Colour Blindness	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	ASD	<input type="checkbox"/>	Eyesight Problems	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Other medical factors e.g. Difficulties with Speech, or Dietary needs (please give details)					
Does your child have any allergies [Yes/No] If Yes, please give details and provide a doctors letter confirming the allergy and any medication.					
Do you have any contact with outside agencies such as Speech Therapy, CAMHS, Social Services, Education Welfare Service, Education Psychology Service? Please give details on a separate piece of paper including any documentation and contact details.					
Does your child require any ongoing medication [Yes / No] If Yes, please give clear information about the name of the medication, strength and dose, even if it is not required during pre-school hours and specialists contact details.					

4. Emergency contact details in priority order (please attach named photographs)

Priority	Full name	Landline number	Mobile number	Relationship to child
1				

2				
3				
4				

5. Emergency treatment

I/We consent to my/our child receiving emergency medical treatment should it be considered necessary and to a member of pre-school staff signing the consent form on my/our behalf if I am/we are unable to be contacted.

Signed :	Date:
Parent/Carer (1) Name:	
Signed :	Date:
Parent/Carer (2) Name:	

6. Medical contacts

Doctor's name	
Practice name	
Doctor's address	
Doctor's phone number	

Health visitor's name	
Practice name	
Telephone number	
27 month review completed (yes/no)	

Specialist's name & Department	
Hospital address	
Specialist's phone number	
Dentist name	
Dental surgery address	

7. Password

In the event of somebody other than yourself collecting your child from pre-school, please provide us with a password:

8. Parental declaration

The details supplied on this form are correct to the best of my/our knowledge. I/We understand that the pre-school lead must be informed of any changes.

Signed :	Date:
Parent/Carer (1) Name:	
Signed :	Date:
Parent/Carer (2) Name:	

Please return this form to the Pre-School lead.

Protection Act 1998: The Cavendish School is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.