



## CAVENDISH PRE-SCHOOL ADMISSION FORM

All schools are required by law to keep on record details of children admitted. This information also helps us to support your child within our school community. Please complete this form in **BLOCK CAPITALS** and hand it into the school office when accepting your child's place. **If your child is starting education for the first time their birth certificate should be presented to the school for a copy to be placed on their file.**

Person completing the form: .....

Date completed: .....

Start Date (if known): .....

### CHILD DETAILS

Legal Family Name:

Legal Forename:

Middle Name(s):

Preferred Family Name:

Preferred Forename:

Gender\*: **Male / Female** *(delete as applicable)*

Date of Birth:

### FUNDING

If you are in receipt of 2 year old funding or the extended 30 hours funding please complete the details below as relevant. If you only receive the universal 3 year old funding that all children are eligible for from the funding period after their 3<sup>rd</sup> birthday you do not need to complete this section.

2 year old code / 30 hour code	Parents Name	Parents Date of Birth	Parents NI Number

### HOME ADDRESS DETAILS

Flat/Apartment No: \_\_\_\_\_ Block Name: \_\_\_\_\_

House No. /Name: \_\_\_\_\_ Street: \_\_\_\_\_

Town / City: \_\_\_\_\_ County: \_\_\_\_\_

Postcode: \_\_\_\_\_

## CONTACTS

Please give details of all persons who have LEGAL Parental Responsibility and anyone else you wish to be contacted in an emergency.

Place them in the order you wish them to be contacted in an emergency.

**No. 1**

**No. 2**

<b>Parent/Carer: Mr/Ms/Mrs/Miss/Other</b>				<b>Parent/Carer: Mr/Ms/Mrs/Miss/Other</b>												
<b>Forename:</b>				<b>Forename:</b>												
<b>Surname:</b>				<b>Surname:</b>												
<b>Address (if not home address above):</b>				<b>Address (if not home address above):</b>												
<b>Post Code:</b>				<b>Post Code:</b>												
<b>Date of Birth*:</b>	DD	MM	YY	<b>Date of Birth*:</b>	DD	MM	YY									
<b>National Insurance or NASS Number*:</b>								<b>National Insurance or NASS Number*:</b>								
*This information will be used by the school to check for eligibility to claim additional funding for the school to support eligible pupils. It will not be used for any other purposes and will remain confidential.																
<b>Tel Nos:</b>	Home:					<b>Tel Nos:</b>	Home:									
	Mobile:						Mobile:									
e-mail:								e-mail:								
<b>Work:</b> (Days /hours worked info is for emergency contact use) Address:								<b>Work:</b> (Days /hours worked info is for emergency contact use) Address:								
Tel No:								Tel No:								
Days/hours worked:								Days/hours worked:								
Priority to contact in an emergency: 1st 2nd 3rd 4th 5th								Priority to contact in an emergency: 1st 2nd 3rd 4th 5th								
Parental Responsibility: <b>YES / NO</b>								Parental Responsibility: <b>YES / NO</b>								
Relationship to child:								Relationship to child:								
Who does the child live with?																
Please attach a copy of any court orders relating to your child that the school should be aware of. Please tick if attached <input type="checkbox"/>																

<p><b>Is the child living with foster parents: YES /NO</b> (delete as applicable)</p> <p>If 'yes'; which Local Authority is financially responsible for maintenance?</p> <p>_____</p>
<p><b>Is your child privately fostered</b> (this means living with someone who does not have legal parental responsibility for a period of 28 days or more): <b>YES / NO</b></p>

## ADDITIONAL EMERGENCY CONTACTS

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion in addition to contacts number 1 and number 2 listed on page 2.

No.	Name & relationship to the pupil	Parental responsibility	Daytime address and telephone number <i>(if same as child's home address please write 'home')</i>
3		<b>YES / NO</b> <i>(delete as required)</i>	Address:  Phone:  Email:

### DIETARY / LUNCH ARRANGEMENTS

School Meal     
  Free School Meal  
 (If Eligible by ESCC)     
  Packed Lunch

## MEDICAL INFORMATION

### DOCTOR'S INFORMATION

Surgery Name, Address & Telephone No:

Doctor's name:

### EMERGENCY TREATMENT

I/we consent to my child receiving medical and/or emergency hospital treatment should it be considered necessary whilst in school care and to a member of staff signing the consent form if I am / we are unable to be contacted.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Relationship to Pupil: \_\_\_\_\_

### SPECIAL DIETARY NEEDS: Please tick which apply

No Pork     
  Gluten free     
  Kosher     
  No dairy produce

No Nuts     
  Vegetarian     
  Halal     
  Seafood allergy

Other (please specify)

**MEDICAL INFORMATION:** Please tick which apply

<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Asthma	<input type="checkbox"/> Eczema	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Nut allergy	<input type="checkbox"/> Other allergies (please specify)	<input type="checkbox"/> Eyesight Problem (Wears Glasses)	<input type="checkbox"/> Hearing Problem
<input type="checkbox"/> ASD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Speech Problems	<input type="checkbox"/> Anxiety
<input type="checkbox"/> ADHD	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Other please specify:	
If your child uses an inhaler, is it carried on their person?		<b>YES / NO</b> ( <i>delete as required</i> )	

**SPECIAL EDUCATIONAL NEEDS AND DISABILITY INFORMATION:**

**Does your child have Special Educational Needs?: YES / NO** (*delete as required*)

If 'yes' please give details and tick the appropriate box below:

SEN Statement	School Based Plan	Education Health Care Plan EHCP	Learning Support

**Do you consider yourself or your child to have a disability?: YES / NO** (*delete as required*)

If 'yes' please give details:

**Have any other services (i.e. Health Visitor; Social Services; Education Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teacher Advisers; Assessment Unit; Diagnostic Unit) been involved with supporting your child? YES / NO**

**Other children in the family** (This information will only be used in relation to this submission to the school): **Names, relationship to child, age, current school**

## MONITORING INFORMATION Ethical / Cultural

Please complete the following. We want to make sure that **all** children are treated fairly and do well at school, this information will help us to monitor and plan the curriculum to meet their needs. Many of these categories are required by the Department for Education. We hope all families will complete this information to help us support their children, but you have the right to refuse to provide some or all of this information. If this is the case, please tick the refused box.

### ETHNICITY - please tick which applies

#### White

- White - British
- White- Irish
- Traveller of Irish Heritage
- White Northern Irish
- Gypsy/Roma
- Any other White background

#### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

#### Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

#### Black or Black British

- Black Caribbean
- Black African
- Any other Black background

#### Chinese

- Chinese

#### Other

- Arab
- Iranian
- Kurdish
- Other ethnic group
- Refused

**Asylum Seeker/Refugee:** please tick the box if this applies. If you do not want to supply this information please write 'refused' here:

### RELIGION - please tick which applies

- |                                      |  |                                   |   |  |
|--------------------------------------|--|-----------------------------------|---|--|
| <input type="checkbox"/> No Religion | <input type="checkbox"/> Church of England | <input type="checkbox"/> Muslim   | <input type="checkbox"/> Buddhist                     | <input type="checkbox"/> Jewish            |
| <input type="checkbox"/> Christian   | <input type="checkbox"/> Greek Orthodox    | <input type="checkbox"/> Orthodox | <input type="checkbox"/> Roman Catholic               | <input type="checkbox"/> Jehovah's Witness |
| <input type="checkbox"/> Hindu       | <input type="checkbox"/> Sikh              | <input type="checkbox"/> Refused  | <input type="checkbox"/> Other – please specify here: |  |

### CHILD'S FIRST LANGUAGE :-

### NATIONAL IDENTITY (e.g. English / Welsh / Scottish / Irish / British / Other / Refused) :-

### HOME LANGUAGE :-

### COUNTRY OF BIRTH :-

## ADDITIONAL INFORMATION

### SCHOOL HISTORY (for parents / carers to complete)

PREVIOUS EDUCATION DETAILS (Most Recent First)				
School / Pre-School Name	Contact Details	Date of entry (dd/mm/yy)	Date of leaving (dd/mm/yy)	Reason For Leaving
	Address:  Telephone:			
	Address:  Telephone:			

TRAVEL TO SCHOOL		
<input type="checkbox"/> Cycle	<input type="checkbox"/> Car	<input type="checkbox"/> Bus - public
<input type="checkbox"/> Taxi	<input type="checkbox"/> Walk	
<input type="checkbox"/> Car Share	<input type="checkbox"/> Train	<input type="checkbox"/> Other – please specify

### PARENTAL DECLARATION

#### DATA PROTECTION STATEMENT:

The purpose of this form is to collect data for further processing within the school/LA systems. Your signature on this form implies your consent for the school/LA to process the data. The data will be processed in accordance with the purposes notified by the school/LA to the Data Protection Commissioner's office and is subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database. This information will also be shared with the school nurse and dental health.

#### DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

I declare the above information to be correct to the best of my knowledge at the time of completion.  
I agree to notify the school of any change in my child's circumstances.

I agree to my child having dental, medical, hearing and nursing examinations or inspections. I understand that the headteacher must be informed of any conditions, which might affect my child's education.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

**Please return this form to the Pre-school at Cavendish School**