



GADE VALLEY SCHOOL - NURSERY Admission Form (Confidential)

All schools are required by law to keep on record details of children admitted. We should therefore be grateful if you would complete this form in BLOCK CAPITALS and hand it into the school office when your child is admitted.

Child's Legal First & Middle Name:

Child's Legal Surname:

Child's Date of birth:

Gender: Male / Female

Child's National Health No:

ADDRESS DETAILS

House Number: _____

Road: _____

Town: _____

Post Code: _____

PREVIOUS EARLY YEARS SETTING INFORMATION

Early years setting child attends or has attended	Date started	Date of leaving

CONTACTS

Parent/Carer 1: Mr / Mrs / Miss / Ms / Other _____ Parent's First & Surname: Relationship to the child: Parent's National Insurance No:	Parent/Carer 2: Mr / Mrs / Miss / Ms / Other _____ Parent's First & Surname: Relationship to the child: Parent's National Insurance No:
Contact Tel No:	Contact Tel No:
Email address:	Email address:
Address (if different to pupil): House Number: Road: Town: Post Code:	Address (if different to pupil): House Number: Road: Town: Post Code:

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 (in order of preference) the details of any person(s), including parents, who we can contact on such an occasion.

No.	Name	Relationship to the child	Contact Telephone Number
1.			
2.			
3.			
4.			

PROVISION OPTIONS

Please indicate below the required provision:

Option 1

15 Hour Place (3 hours per day) 8.45am until 11.45am.	
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Option 2

30 Hours – Funded (6 hours a day) Please check your eligibility here 8.45am – 3.15pm – Funded with HMRC Childcare Code – this needs to be applied for during July / August.	
Please provide your HMRC Childcare code: Please ensure you apply for this code the term prior to September start – the best time being 15th June – 31st July 2024.	

Option 3 (If spaces available)

30 Hours – Non-funded - 8.45am – 11.45am Free 11.45am – 3.15pm – Extended provision (<i>charges will apply</i>).	
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If you have any other requirements please enter them here and we will try to accommodate your request:	
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ADDITIONAL ADMISSION INFORMATION

<p>Special Educational Needs Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)?</p>	Yes / No
<p>At risk Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)</p>	Yes / No
<p>Children in Public Care Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?</p>	Yes / No
<p>Social or medical reasons Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)</p>	Yes / No
<p>If you have a sibling at this school, enter their name and date of birth:</p>	

MEDICAL INFORMATION

Knowledge about your children's health is vital if we are to help them to achieve their potential educationally. Would you please supply the following medical information about your child? This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school.

DIETARY NEEDS

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Artificial colour allergy | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Kosher food only | <input type="checkbox"/> No dairy produce |
| <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> No pork | <input type="checkbox"/> Ramadan | <input type="checkbox"/> Seafood allergy |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Halal | <input type="checkbox"/> Other (please specify) _____ | |

MEDICAL PRACTICE

Surgery Name: _____

Surgery Telephone Number: _____

MEDICAL INFORMATION

Please see separate sheet.

Do you consider your child to have a disability? Yes / No *If Yes, please select all that apply from the list below.*

A child is considered to have a disability if their parent indicates substantial and/or long term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Hand Function | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Eating and drinking |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Communication | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Behaviour | <input type="checkbox"/> Consciousness e.g. seizures |
| <input type="checkbox"/> ASD/Aspergers | <input type="checkbox"/> Palliative care needs | <input type="checkbox"/> Other Disability/Health problem _____ | |

Does your child attend any medical clinics? - Yes / No

If Yes, please give details in the box below

If you have ticked any of the above boxes, please give further details below:-

If your child is on regular medication, does it need to be given during school hours? – **Yes / No**

If Yes please discuss with the Office Staff.

ETHNIC/CULTURAL INFORMATION

The Department for Education (DfE) has asked for the collection of the following information for all pupils.

ETHNICITY

White

- British
- Irish
- Traveller of Irish Heritage
- 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

- Caribbean
- African
- Any other Black background

Other

- Chinese
- Any other ethnic group
- I do not wish an ethnic background category to be recorded

Child's Country of Birth _____ (optional)

FIRST LANGUAGE – *The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community.*

- | | | | | |
|----------------------------------|---|---|---|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese Cantonese | <input type="checkbox"/> Chinese Mandarin | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Panjabi (Gurmukhi) | <input type="checkbox"/> Panjabi (Mirpuri) |
| <input type="checkbox"/> Pashto | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Shona | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Swahili | <input type="checkbox"/> Tagalog/Filipino | <input type="checkbox"/> Tamil | <input type="checkbox"/> Thai | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (Please specify) _____ | | |
- I do not wish a first language to be recorded

RELIGION

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Baptist | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Church of England |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Jewish | <input type="checkbox"/> Methodist | <input type="checkbox"/> Mormon |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Plymouth Brethren | <input type="checkbox"/> Quaker | <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> United Reform Church | <input type="checkbox"/> No Religion | <input type="checkbox"/> I do not wish a religion to be recorded | <input type="checkbox"/> Other (Please specify) _____ | |

ADDITIONAL INFORMATION

Service Children in Education Indicator – are one or both parents Service personnel, serving in regular military units of any of the HM Forces, or in the Armed Forces of another nation and stationed in England and exercising parental care and responsibility?

- Yes No I do not wish to answer this question

PARENTAL DECLARATION

GDPR STATEMENT: *The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Information Commissioner's Office (ICO) and are subject to the General Data Protection Regulations (GDPR). The information given will be entered onto a computer and will form part of the School's database, subject to the schools Data Retention Policy.*

Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data.

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.*

Signed: _____ Date: _____