

NURSERY

PUPIL ENROLMENT FORM



SCHOOL NAME: Wootton St Peter's CE Primary School

Please complete each side of this form for your child. The information will be used for administrative purposes within this school. It will be sent on to your child's next school or other educational institution and also to the Local Authority (LA) and School Health Nurse Service to enable them to maintain their records. The provision of accurate information helps this school and the LA to see that your child and other children get the best from their schooling. It is important that you tell us if there are any changes to the information you give and, from time to time, we may ask you to confirm that it is correct. The County Council is entitled to collect this information under the provisions of the Data Protection Act 1998. If you have any questions concerning the completion of this form, please contact the Headteacher or School Secretary.

Please be aware that completion of this form does not guarantee a place for your child

SECTION 1: PUPIL'S DETAILS:

Legal Surname: _____ Forename: _____

Preferred Surname: _____

Known Name: _____

Gender: Male / Female Date of Birth __ / __ / ____

Middle Name: _____ Chosen Name: _____

Pupil Address Details:

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Is this the pupil's home address or term time only address (tick one box only)

Additional Pupil Address

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

If your child has siblings already at our school please provide their name(s):

SECTION 2: CONTACT DETAILS:

To fulfil the provisions of the Education (Pupil Registration) Regulations the school is required to keep an admissions register that includes the name and address of every person considered, in law, to be the parent of a pupil. Please note that this includes: mother; married father- even if separated or divorced from the mother; unmarried father- provided parental responsibility is obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child.

Contact 1 Surname: _____ Forename: _____

Gender: Male / Female

Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Relationship to Pupil: e.g. Mother, Father etc _____

Does this contact have Parental Responsibility? Yes/No

1. Daytime Telephone Number: _____ is this a home work mobile number

2. Alternative telephone number: _____ is this a home work mobile number

3. Alternative telephone number: _____ is this a home work mobile number

Please add any details that will help us contact you e.g. the name of your work place, extension number: _____

E-mail address: _____ home / work (*delete one*)

First Language: _____ Is a Translator Required? Yes/No

Should this contact receive: Correspondence? Yes/No Annual Pupil Report? Yes/No

Contact 2 Surname: _____ Forename: _____

Gender: Male / Female

Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Relationship to Pupil: e.g. Mother, Father etc _____

Does this contact have Parental Responsibility? Yes/No

1. Daytime Telephone Number: _____ is this a home work mobile number
2. Alternative telephone number: _____ is this a home work mobile number
3. Alternative telephone number: _____ is this a home work mobile number

Please add any details that will help us contact you e.g. the name of your work place, extension number: _____

E-mail address: _____ home / work (*delete one*)

First Language: _____ Is a Translator Required? Yes/No

Should this contact receive: Correspondence? Yes/No Annual Pupil Report? Yes/No

Contact 3 Surname: _____ Forename: _____

Gender: Male / Female

Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Relationship to Pupil: e.g. Mother, Father etc _____

1. Daytime Telephone Number: _____ is this a home work mobile number
2. Alternative telephone number: _____ is this a home work mobile number
3. Alternative telephone number: _____ is this a home work mobile number

Please add any details that will help us contact you e.g. the name of your work place, extension number: _____

E-mail address: _____ home / work (*delete one*)

First Language: _____ Is a Translator Required? Yes/No

Should this contact receive: Correspondence? Yes/No Annual Pupil Report? Yes/No

SECTION 3: MEDICAL INFORMATION

Knowledge about children’s health is vital if we are to help them reach their potential educationally. Would you please, therefore, supply the following information about your child. This information will be available to relevant officers at the LA, school staff and to the School Health Nurse Service and any other National Health Service professionals, as required.

Practice name: _____ Telephone number: _____

GP’s name: _____

Address of practice: _____

Post Code: _____

In the event of an emergency do we have your consent to contact your child’s doctor directly?

Yes / No

Do we have your consent for the school to administer first aid in an emergency? Yes / No

Has your child had his/ her pre-school booster? Yes Don’t know

Do you give consent to your child’s vision being screened by the School Health Nursing Service? Yes No

Does your child suffer from:

Does your child have any problems with:

- Asthma
- Epilepsy
- Diabetes
- Bowel or bladder conditions
- Serious allergies
- Any other medical conditions

- Mobility
- Behaviour
- Hearing
- Speech
- Vision
- Wears glasses

If you have ticked any of the boxes, please give details:

Does your child need regular medication on prescription? Yes No

Will your child need medication during school hours? Yes No

If you have answered ‘Yes’ please contact the school to make an appointment to discuss your child’s needs with school staff.

Does your child suffer from any condition which may affect his/ her participation in PE/ sport/ swimming? Yes No

If you have answered ‘YES’ to any of the above please give details:

Does your child have any identified special educational needs? For example: speech & language, hearing impairment, physical disability, Asperger’s/autism, ADHD, behaviour difficulties

SECTION 4: ETHNIC MONITORING:

Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the effectiveness of the school's and the LA's equal opportunities policies and practices in maximising your child's progress and achievement. White British should include any pupils from England, Scotland, Wales and Northern Ireland. White Irish should include any pupils from the republic of Ireland.

- | | | | |
|-------------------------------------|--------------------------|--|--------------------------|
| White British | <input type="checkbox"/> | Asian or Asian British - Indian | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Asian or Asian British - any other Asian background* | <input type="checkbox"/> |
| White Traveller of Irish heritage | <input type="checkbox"/> | Asian or Asian-British- Pakistani | <input type="checkbox"/> |
| Any other white background* | <input type="checkbox"/> | Black or Black-British - African | <input type="checkbox"/> |
| White Gypsy/ Roma | <input type="checkbox"/> | Black or Black-British - Caribbean | <input type="checkbox"/> |
| Mixed – any other mixed background* | <input type="checkbox"/> | Black or Black-British - any other black background* | <input type="checkbox"/> |
| Mixed - White and Asian | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Mixed - White and Black African | <input type="checkbox"/> | Any other ethnic group* | <input type="checkbox"/> |
| Mixed – White and Black Caribbean | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> |
| Asian or Asian British -Bangladeshi | <input type="checkbox"/> | *(please specify)_____ | <input type="checkbox"/> |

Country of birth: _____

Nationality: _____

First language: _____

Main language spoken by your child at home: _____

Please tick your child's religion, if you wish. Please tick one box only.

- | | | | |
|-----------|--------------------------|-------------|--------------------------|
| Christian | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> | No religion | <input type="checkbox"/> |

SECTION 5: ADDITIONAL INFORMATION:

Please indicate what type of meal your child will usually be having at school?

- | | | | | | |
|------------------|--------------------------|------------------|--------------------------|------|--------------------------|
| Free school meal | <input type="checkbox"/> | Packed lunch | <input type="checkbox"/> | Home | <input type="checkbox"/> |
| Paid school meal | <input type="checkbox"/> | Infant free meal | <input type="checkbox"/> | | |

How will your child travel to school generally? Please tick **one** box only.

- | | | | | | | | |
|---------|--------------------------|-----|--------------------------|--------------|--------------------------|-------|--------------------------|
| Walks | <input type="checkbox"/> | Car | <input type="checkbox"/> | School coach | <input type="checkbox"/> | Taxi | <input type="checkbox"/> |
| Bicycle | <input type="checkbox"/> | Bus | <input type="checkbox"/> | Train | <input type="checkbox"/> | Other | _____ |

Is this child in care? Yes / No If yes please give details:

Start of placement: __ / __ / ____

Care Authority: _____

Are you receiving Income Support / Job Seeker's Allowance / Universal Credit Yes / No

By law, children in families claiming Income Support or Income Based Jobseeker's Allowance are entitled to free school meals (provided evidence of these benefits has been made available to the school). Even if your child will not be taking free school meals it is important that we have this information since it affects our funding and the way in which the school's performance in tests and examinations is compared with that in other schools. We will ask this question again from time to time to ensure that our records are accurate, and on occasion may need to see relevant proof.

If Yes please provide the following details:

Your full name _____ Your date of birth __ / __ / ____

National Insurance Number _____

Please confirm if you are happy for us to perform a Pupil Premium Edibility Check Yes / No

Is either parent a member of the UK Military: Yes / No

Please indicate if you are receiving Income Support/ Job Seekers' Allowance

Parent Consent

Consent type	Permission (Please circle your response)	Notes
Home School Agreement	Granted / Denied	
Off-Site school trips / activities Participation in school time	Granted / Denied	
Off-site school trip / activities – receive first aid or urgent medical treatment	Granted / Denied	
Photographs / videos – for use on ParentHub (closed school network)	Granted / Denied	
Photographs/ videos – for use in school publications	Granted / Denied	
Photographs – for use in school displays	Granted / Denied	
Photographs – for use on school website	Granted / Denied	

Early Years Funding

Is your child in receipt of Early Years Pupil Premium? If so, please state the eligibility reason:

In receipt through economic reasons

In receipt through other reasons

In receipt through economic and other reasons

Is your child entitled to free childcare? Yes / No
(This is the 15 hours of free childcare available for 3 to 4 year olds)

Is your child entitled to the extended 30 hours of free childcare? Yes / No

What is your child's 30 hour code? _____
(This is an 11 digit code that must be provided if your child is entitled to the extended 30 hours of free childcare)

National Insurance number

Is your child eligibility for the Disability Living Allowance (DLA)? Yes / No
(Used for checking the eligibility of the Disability Access Fund)

SECTION 6: SCHOOL HISTORY:

*Please give details of all previous settings attended by your child- if any.
Continue on a separate page if there is insufficient space.*

School 1: Name of school or pre-school setting: _____

Address of school or pre-school setting: _____

Post Code: _____

Date of arrival at this school: __ / __ / ____ Date of leaving this school __ / __ / ____

Reason for leaving this school: _____

School 2: Name of school or pre-school setting: _____

Address of school or pre-school setting: _____

Post Code: _____

Date of arrival at this school: __ / __ / ____ Date of leaving this school __ / __ / ____

Reason for leaving this school: _____

SECTION 7: YOUR SIGNATURE:

Please sign and date this form below:

Signature _____ Date _____

Name (in block capitals please) _____

Relationship to child _____

For school planning purposes please could you provide details of younger siblings

Name _____ Date of birth _____

Name _____ Date of birth _____

For school use only:

UPN: _____ **Admission date:** __ / __ / ____

Date _____

Birth Certificate seen

Address verified (e.g. council tax bill, proof of exchange of contract)

Date _____