



Nursery Application Form Bampton CE Primary School

Section 1: Child's details					
Legal Surname		First Name			
If your child is known by a different surname, please state it here		Middle Names			
Normal Home Address (this is the address at which your child normally lives, see Admission Policy for details)			Male or Female		
			Date of Birth (dd/mm/yy)		
			Day	Month	Year
			Postcode		
Additional Pupil Address					
				Postcode	

Your Child's current Nursery or Pre-school					
Does your child have a Statement of Special Educational Needs?	Yes/No	If so, what Authority maintains this statement?			
Is your child 'looked after' or previously 'looked after' by a Local Authority?	Yes/No	If so, please give the name of your child's social worker and the Authority			
Does your child have a disability as defined in the Equality Act (2010)?	Yes/No	If so, please give the nature of your child's disability.			

Section 2: Contact details of parent/carer living at home address above					
Surname		First Name			
Title		Male or Female			
Relationship to pupil (e.g. Mother, Father etc.)					
Daytime Telephone Number		Is this number	home / work / mobile		
Alternative Telephone Number		Is this number	home / work / mobile		
Email					
Contact details of another adult with parental responsibility					
Surname		First Name			
Title		Male or Female			
Relationship to pupil (e.g. Mother, Father etc.)					
Home address (if different from above)					
				Postcode	

If your child has any older brothers or sisters attending (or who have attended) this school, please give their name(s) and date(s) of birth here.			
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
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 school staff.			
Medical Practice details			
Practice Name		Telephone Number	
Address			
		Postcode	
In the event of an emergency do we have your consent to contact your child's medical practice directly?			Yes / No
Dental Practice details			
Practice Name		Telephone Number	
Address			
		Postcode	
In the event of an emergency do we have your consent to contact your child's dental practice directly?			Yes / No
Medical history			
Has your child had his/her pre-school boosters?			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	<input type="checkbox"/>	Mobility	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Behaviour	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Bowel or bladder conditions	<input type="checkbox"/>	Speech	<input type="checkbox"/>
Serious allergies	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Any other medical conditions	<input type="checkbox"/>	Wears Glasses	<input type="checkbox"/>
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' to the above two questions 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:			
Would you like an opportunity to discuss your child's health with the school?			Yes / No
Would you like an opportunity to discuss your child's health with the School Health Nurse?			Yes / No

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 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 background*	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed – White and Black Africa	<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) _____	

Please write down the first language your child used or uses. If your child used more than one language, a language other than English should be recorded.

Please provide your child's country of birth e.g. UK, Cyprus, Spain etc.

Please provide your child's Nationality e.g. British, Cypriot, Spanish etc.

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 which type of meal your child will usually be taking at school:

Free School Meal	<input type="checkbox"/>	Packed Lunch	<input type="checkbox"/>
Paid School Meal	<input type="checkbox"/>		

Please indicate which travel method your child will usually be taking to school:

Walks	<input type="checkbox"/>	Car	<input type="checkbox"/>	Train	<input type="checkbox"/>	Other
Bicycle	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	

Is this child in care?

Yes / No

If yes please give details.

Start of placement:	__ / __ / ____	Care Authority	
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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.

Please indicate if you are receiving Income Support/Job Seekers Allowance	<input type="checkbox"/>	Are you Service Family?	Yes / No
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Breakfast, Lunch and After School Care (Please tick if you require additional childcare)

Breakfast Club	<input type="checkbox"/>
Lunch Club	<input type="checkbox"/>
After School Club	<input type="checkbox"/>

Section 6: Consent and Permissions

Please find below consents and permissions we require for your child's record. Please initial in the box next to each permission/consent that you grant below.

Policies for these consent forms can be found on our website at www.bamptonprimaryschool.org.uk. If you do not have access to the internet and require a hard copy of these policies please contact the school office.

Copy Right Release

This school makes and produces web pages, ICT presentations, educational or interest articles for magazines or similar. No child's work will ever be used without his/her permission but we also need permission from the parents to be able to publish the child's work. Please rest assured the child's safety will always be of paramount importance, no personal information will be made public. Please sign this copyright release if you are happy for your child's work to be shared in this way. (This can be changed at any time, just see the Headteacher or ICT Co-ordinator).

I consent for Bampton CE Primary School to publish my child's work on the internet, subject to strict confidentiality of personal information.

Initial here to grant consent

Visits Within Bampton Village

I give permission for my child to take part in any visits within Bampton village during their attendance at Bampton CE Primary School.

Initial here to grant consent

Photograph Consent

This consent form will cover all of your child's time at Bampton CE Primary School.

If you wish to amend your consent in future please inform the school in writing.

I have read the School Photograph Policy.

I give permission for my child to be individually photographed or videoed at school and for those images to be used on school displays, on the school website and on school promotional documents in line with the school photograph policy.

Initial here to grant consent

Section 7: Your Signature and declaration

Please note that, if you deliberately give false information, we may withdraw your child’s offer of a nursery place.

- I certify that I have parental responsibility for the child named in Section 1, and that this application has the agreement of all parents/carers listed in section 2
- I confirm that the information I have provided is to the best of my knowledge correct and up to date. I understand if I give any false or deliberately misleading information on this form and/or supporting papers or without any relevant information, this may lead to the withdrawal of an offer of a nursery place for my child
- I hereby authorise the school to contact my child’s previous school/nursery if required
- I have read and understood the school’s Admission Policy

I will provide the school with original copies of the below as proof of address and identity:

- Child’s birth certificate or passport
- Proof of home address – this can be a recent utility bill, council tax bill or landlord/lease agreement
- Proof of identity for the main carer/person with parental responsibility

I understand that failure to produce these documents can lead to a refusal for a place at our nursery

I have read and understand the explanatory notes. All the information I have given on this form is correct to the best of my knowledge. I understand that I am giving my consent that Bampton CE Primary School can process the information in this form for educational purposes and can share it with other agencies and admissions authorities for educational purposes. I understand that Bampton CE Primary will keep this information securely.

Signature		Date	__ / __ / ____
Name in BLOCK CAPITALS		Relationship to child	