

**FORM OF APPLICATION FOR ADMISSION TO A NURSERY CLASS ONLY  
IN AN INFANT OR PRIMARY SCHOOL**

**(N.B. TO SEEK ADMISSION TO INFANT RECEPTION YEAR GROUP PARENTS MUST COMPLETE A COMMON APPLICATION FORM, CAF2)**

**PERSONAL INFORMATION FORM – STRICTLY CONFIDENTIAL**

**SECTION A HOME INFORMATION**

**NB It is necessary to complete only the shaded areas at the time you register your interest. The remainder of the form is to be completed following the allocation of a Nursery Class place.**

SURNAME (FAMILY NAME) \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

FORENAME (S) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS (Where child lives) \_\_\_\_\_ DAYTIME TEL. NO. \_\_\_\_\_

HOME TEL. NO. \_\_\_\_\_

POSTCODE \_\_\_\_\_

NAME OF PARENTS/GUARDIANS LIVING AT ABOVE ADDRESS \_\_\_\_\_

NAME OF PARENTS/GUARDIANS IF LIVING AT ANOTHER ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

DOES THIS PERSON HAVE ACCESS TO THE CHILD? YES/NO \_\_\_\_\_

PLEASE INDICATE YOUR CHILD'S POSITION WITHIN THE FAMILY \_\_\_\_\_

**SECTION B EMERGENCY CONTACT INFORMATION**

**IN CASE OF EMERGENCY/ILLNESS THE SCHOOL MAY NEED TO CONTACT SOMEONE URGENTLY. CAN YOU PLEASE GIVE DETAILS OF TWO EMERGENCY CONTACTS (PLEASE USE PARENT'S WORK PLACE IF APPROPRIATE).**

**Contact No 1**

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

DAYTIME PLACE AND TEL. NO. \_\_\_\_\_

NOTES \_\_\_\_\_ (eg times/days available on this number)

**Contact No 2**

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

DAYTIME PLACE AND TEL. NO. \_\_\_\_\_

NOTES \_\_\_\_\_ (eg times/days available on this number)

**SECTION C SCHOOL HISTORY**

NAME OF PREVIOUS NURSERY SCHOOL/CLASS (if any) \_\_\_\_\_ DATE OF LEAVING \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_

PREVIOUS ADDRESS (IF MOVING HOUSE) \_\_\_\_\_

**SECTION D FOR CHURCH SCHOOLS ONLY**

PLACE OF BAPTISM \_\_\_\_\_ DATE OF BAPTISM \_\_\_\_\_

**SECTION E MEDICAL INFORMATION**

NAME OF YOUR FAMILY DOCTOR \_\_\_\_\_ TEL. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

Is your child allergic to any form of medication (including plasters)? YES/NO \_\_\_\_\_ If yes, please give details \_\_\_\_\_

Please tick as appropriate for your child:

 Wears glasses   
 Wears hearing aid   
 uses an inhaler   
 has a speech difficulty   
 other

Does your child have any other health problems/disabilities that we should be aware of?

eg diabetes/asthma/eczema/allergies etc. YES/NO \_\_\_\_\_ If yes, please give details \_\_\_\_\_

NAME OF YOUR FAMILY DENTIST \_\_\_\_\_ TEL. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

**SECTION F ETHNIC DETAILS (optional) - Please tick one box only**
**WHITE**  
 British   
 Irish   
 Traveller of Irish Heritage   
 Gypsy/Roma   
 Any other White background

**BLACK or BLACK BRITISH**  
 Caribbean   
 African   
 Any other Black background

**MIXED**  
 White and Black Caribbean   
 White and Black African   
 White and Asian   
 Any other mixed background

**ASIAN OR ASIAN BRITISH**  
 Indian   
 Pakistani   
 Bangladeshi   
 Any other Asian Background

 CHINESE   
 ANY OTHER ETHNIC BACKGROUND   
 I do not wish an ethnic background category to be recorded.

Please state what language is spoken at home \_\_\_\_\_

Please state religion \_\_\_\_\_

**SECTION G DECLARATION****I, being the parent/guardian/person\* having actual custody of the above named child, hereby apply for his/her\* admission to the Nursery**

Class only of \_\_\_\_\_ School on \_\_\_\_\_

**I declare that, to the best of my knowledge and belief, the foregoing and any other particulars, provided for the purpose of applying and for registering my child at the nursery class are correct. I understand that this Nursery place does not guarantee my child a place in any specific Infant or Primary School when he/she\* becomes eligible to transfer into a mainstream school.****NB The information given on this form may be held on computer. If so, it will be subject to the provisions of the Data Protection Act 1998.**

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Date of expression of interest \_\_\_\_\_ Date of registration \_\_\_\_\_

**SECTION H FOR OFFICE USE ONLY**

Date L.A notified of expression of interest \_\_\_\_\_ Place allocated YES/NO\* Date \_\_\_\_\_

Date of Admission to Nursery Class	Class/Form	Admission Number
Medical certificate	Birth certificate	Free meals check
Send for records	Records received	Computer
Timetable	Admin Reg	Class/Form lists

\* Delete as appropriate