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**Nursery Application Form**

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| **Child’s First Name:** | **Child’s Family Name:** |
| **Boy Girl** | **Date of Birth:** |
| **Address:**  **Postcode:** | |
| **Home Telephone Number:** | |
| **Parent/Carer 1:**  **First name:**  **Surname:**  **Date of Birth:**  **Title: Mrs Ms Miss Mr**  **Other** | **Mobile:**  **Date of Birth:**  **National Insurance Number:**  **Email:** |
| **Parent/Carer 2:**  **First name:**  **Surname:**  **Date of Birth:**  **Title: Mrs Ms Miss Mr**  **Other** | **Mobile:**  **Date of Birth:**  **National Insurance Number:**  **Email:** |
| **Names of brothers/sisters already attending Pippins School:** | |
| **Position in Family: (i.e. eldest child of 3 = 1/3)** | |
| **Does the child live with Mother Father Both Parents Other** | |
| **Please give details of all persons who could be contacted in the case of an emergency when you are unavailable. Relation should be shown as Aunt, Neighbour, Grandparent** | |
| **Name:**  **Address:**  **Telephone Number:**  **Relation to child:** | **Name:**  **Address:**  **Telephone number:**  **Relation to child:** |
| **Name of other nursery school attended: IMPORTANT**  **Address:**    **Telephone Number:** | |
| **Sessions offered**  **Morning: 8.30-11.30am**  **Places are limited and decisions on admission are made by the Headteacher in consultation with the Governors, and subject to Slough Borough Council’s admissions criteria.**  **Children must always be accompanied to and from the Nursery by a parent or a responsible adult of 16 years or older.**  **Please give the name of the school you would like or intend to send your child to after Nursery:** | |
| **Country of birth:**  **Nationality:** | |
| **Ethnicity:**  **White British White Irish Traveller**  **White Eastern European } Please state country of origin:**  **Other White Background** | |
| **African Somalian Black Caribbean**  **Any other black background Please state country of origin:** | |
| **Indian Bangladeshi Sri Lankan Any other Asian background** | |
| **Kashmiri Pakistani Miripuri Pakistani Other Pakistani** | |
| **Mixed white and black Caribbean White and black African**  **White and Asian Any other mixed background** | |
| **Chinese Any other ethnic background (Please state:)**  **Please speak to the office staff if you need guidance** | |
| **If not born in the UK, date of arrival in this country:**  **Country arrived from:** | |
| **Religion:**  **Christian Jewish Hindu**  **Muslim Sikh Other No religion** | |
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| **Home Language: please tick one: this should be the main language spoken at home**  **English Hindi Panjabi Urdu Somali**  **Polish Other (Please state:)** | |
| **Meals:**  **Hot School Dinner Packed Lunch Home**  **Is your child entitled to a Free School Meal? (Proof of entitlement will be required)**  **Yes No**  **Any specific dietary requirement:**  **no pork no beef Vegetarian Halal**  **Allergies e.g. eggs………………………………………..** | |
| **Mode of transport to school:**  **Car Share Car/van Bus Cycle Taxi**  **Train Walk Other** | |

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| **SEN AND MEDICAL INFORMATION**  **Do you have any concerns about your child’s development?**  **Does your child have an Educational Health Care Plan?**  **Yes No**  **If yes please provide us with a copy and give us brief details of additional needs.** | |
| **Does your child have an IEP (Individual Education Plan)? Yes No**  **If Yes please provide us with a copy** | |
| **Does your child use any special equipment? Yes No**  **If Yes, please give details.** | |
| **Have there ever been concerns about your child’s behaviour?**  **Yes No**  **If Yes please give details.**  **Has your child ever attended speech therapy?** | |
| **Have there ever been concerns about your child’s literacy skills?**  **Yes No**  **If Yes please give details:** | |
| **Does your child have any of the following:**  **Asthma Epilepsy Diabetes Visual Impairment**  **Hearing Impairment Other** | |
| **Please list any other medical condition which may affect his/her schooling and any medically diagnosed allergy.**  **Is your child up to date with immunisations?** | |
| **Does your child take any medication? Yes No**  **If Yes, please give details:** | |
| **Name of Doctor:**  **Address of Medical Practice:**  **Tel. no.:** | |
| **Name of Dentist:**    **Address of Dental Practice:**  **Tel. no.:**  **When did your child last visit the dentist?** | |
| **Name of Health Visitor: Tel No:**  **Has your child had their 2year check with their Health Visitor?**  **(applicable to Nursery/Reception class)** | |
| **Parent/Carers signature:** | **Date:** |