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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:** |