

HOUGHTON REGIS PRIMARY SCHOOL

NURSERY APPLICATION FORM

Personal Details of Pupil

PLEASE WRITE CLEARLY IN CAPITAL LETTERS Thank you

Legal Forename			
Middle Name			
Legal Surname			
Preferred Surname			
Preferred Forename			
Date of birth			
Gender	Male		Female

Home Address

Number & Street			
Area			
Town			
County			
Postcode		Home Tel No.	
Email Address:			

Name of any related pupil currently at this school:

Full Name		Relationship to above pupil	
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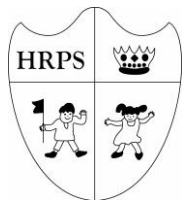
Name of **PLAYGROUP/NURSERY** or **PREVIOUS SCHOOL** attended if relevant:

Playgroup/Nursery/Previous School Name	
County	

Emergency Contact Information - Please enter contact details **in the order you wish them to be contacted** in the event of an emergency;

Contact 1 (parent/carer with responsibility)

Title	Mrs	Mr	Miss	Other (please specify)
Full Name				
Address if Different from pupil Address				Post Code
Contact 1 telephone no's		Tick	Priority contact number	
Home			Relationship to child:	
Mobile			Parental Responsibility	Y / N
Work				
Email Address				



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Contact 2 (parent/carer with responsibility)

Title	Mrs	Mr	Miss	Other (please specify)	
Full Name					
Address if Different from pupil address				Post Code	
Contact 2 telephone no's			Tick	Priority contact number	
Home			<input type="checkbox"/>	Relationship to child:	
Mobile			<input type="checkbox"/>	Parental Responsibility	Y / N
Work			<input type="checkbox"/>		
Email					

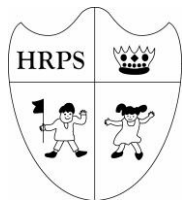
Contact 3 (optional)

Title	Mrs	Mr	Miss	Other (please specify)	
Full Name					
Address if Different from pupil address				Post Code	
Contact 4 telephone no's			Tick	Priority contact number	
Home			<input type="checkbox"/>	Relationship to child:	
Mobile			<input type="checkbox"/>	Parental Responsibility	Y / N
Work			<input type="checkbox"/>		
Email					

Medical Information

Doctor's name			
Practice name			
Telephone number:			
Do you give permission for the administration of First Aid	Yes	No	
Does your child have any medical conditions	Yes	No	
If a child needs medication to be administered at school, a form of indemnity must be signed. These are available from the office.			
MEDICAL CONDITION			

Important: If medication is to be administered at school, a form of indemnity must be signed



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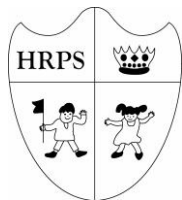
Ethnicity

	Please tick
Any other Asian background	
Any other Black background	
Any other ethnic group	
Any other mixed background	
Any other White background	
Bangladeshi	
Black - African	
Black - Caribbean	
Chinese	
Gypsy/Roma Traveller	
Indian	
Pakistani	
Traveller of Irish heritage	
White - British	
White – Irish	
White and Asian	
White and Black African	
White and Black Caribbean	
First language spoken	
Language spoken at home	

Meal arrangements *(please tick relevant box)*

Is your child entitled to Free School Meals, whether receiving or not		Yes	No
School Meal	Sandwiches	Home	
Any Dietary Requirements:			

If your child has dietary requirements, please inform: <https://hcl.co.uk/> and complete the web link



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Usual mode of travel to school <i>(please tick relevant box)</i>						
Walk	Cycle	Car/Van	Car Share*	Taxi	Train	Other
Public Service Bus		School Bus		Bus		
*car share – where you collect a child from another household on your way to the school or your child is collected by a parent of another household on their way to school						
Is there any other information about your child you think the school should know?						

Please state any parents or carers special access requirements:

Other Information: One Parent Families only to complete this section

Which parent does your child live with? Mother/Father

Does separated Parent wish to see copy of correspondence/reports? Yes/No

Does separated Parent wish to be a contact number in case of emergency? Yes/No

*** Please delete as appropriate. If answers are Yes, please complete the section below:**

Title..... Surname..... Forename.....

Home Address:.....

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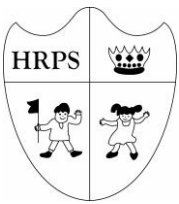
..... Post Code:..... Home Tel No.....

.....

In accepting a place Houghton Regis Primary School, I undertake that my child shall be subject to the school rules and regulations. I agree that the information given in this form is accurate and will endeavour to inform the school of any changes to the details given at the earliest opportunity.

Signature of parent/guardian.....

Print name..... Date.....



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Visits

From time to time we take parties of children out of school to work in the local area. We are fortunate in the wealth of resources available locally. Whenever the pupils leave school the staff-pupil ratio is determined by needs of safety and any visit is approved by the Head or Deputy Headteacher. If you are willing for your child to take part in non-cost bearing visits in and around the Houghton Regis area please sign to give your consent. You will be notified of the date and time of any proposed visits.

Signature of parent/guardian.....

Data Protection Act 1998

Please note that personal details supplied on this form will be held and/or computerised by **Houghton Regis Primary School** for Education Authority, the DfE (Department for Education). Your personal details will be safeguarded and will not divulge to any other individuals or organisations for any other purposes.

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Signature of parent/guardian.....

Print name..... Date.....