

STENSON FIELDS PRIMARY COMMUNITY SCHOOL

Headteacher: Mrs J Sadler BEd Hons NPQH



STENSON FIELDS PRIMARY COMMUNITY SCHOOL

NURSERY ENROLMENT FORM

PERSONAL INFORMATION

Child's Forename (As on birth certificate)

Child's Legal Surname (As on birth certificate)

Child's Preferred Name (If applicable)

Date of Birth Place of Birth

Male/Female (Please circle)

Pupil Address including Postcode.....

.....

Please provide the name and year group of any other siblings attending Stenson Fields

Primary Community School

Ethnic Origin Religion

Main language spoken at home

Does anyone at the child's home address speak another language? YES/NO

If yes, please give details

Which Primary School do you intend to apply to for your child.....

.....

Does your child attend any other setting e.g., nursery, playgroup, child minder? YES/NO

If so, please provide the full address, telephone number and the name of your child's key person:

.....

.....

If yes, do you give permission for us to share information with the other setting? YES/NO

Was your child a born prematurely or was the birth traumatic? YES/NO

If yes, please give details

.....
.....

Is there any relevant home situation information that the nursery should be aware of? E.g., split residency information

.....
.....
.....

Has your child been adopted from care? YES/NO

Is there currently or has there been, a social worker involved with the family? YES/NO

Is a parent of this child in the service of the Armed Forces? YES/NO

Do you think that you may be eligible for Pupil Premium funding? YES/NO

Qualifying criteria:

- Universal Credit, provided you have an annual net earned income not exceeding £7,400 (£616.67 per month)
- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support under Part 6 of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190) as assessed by HMRC - Working Tax Credit run-on (paid for 4 weeks after you stop qualifying for working tax credit).

CONTACT INFORMATION

Name of Persons who have Parental Responsibility

1. Full Name Miss/Mrs/Mrs/Mr

Relationship to Child Parental Responsibility YES/NO

Full Address (If different to child)

.....

Home Tel. Number Mobile Tel. Number

Work Tel. No Occupation

Email address

Is the above person happy for their details to be added to IRIS Parent Mail, our school communication system? YES/NO

2. Full Name Miss/Mrs/Mrs/Mr

Relationship to Child Parental Responsibility YES/NO

Full Address (If different to child)

.....

Home Tel. Number Mobile Tel. Number

Work Tel. No Occupation

Email address

Is the above person happy for their details to be added to IRIS Parent Mail, our school communication system? YES/NO

Name and Address of any additional person who has Parental Responsibility or is a Legal Guardian for this child (Adoptive Parent, Foster Carer etc.).

Full Name Miss/Mrs/Mrs/Mr

Relationship to Child Parental Responsibility YES/NO

Full Address (If different to child)

.....

Home Tel. Number Mobile Tel. Number

Work Tel. No Occupation

Email address

Is the above person happy for their details to be added to IRIS Parent Mail, our school communication system? YES/NO

Additional Emergency Contacts – Details of any person other than the above-named people that may be contacted in an emergency to collect your child from Nursery.

Emergency Contact 1

Full Name Miss/Mrs/Mrs/Mr

Relationship to Child Parental Responsibility YES/NO

Full Address (If different to child)

.....

Home Tel. Number Mobile Tel. Number

Emergency Contact 2

Full Name Miss/Mrs/Mrs/Mr

Relationship to Child Parental Responsibility YES/NO

Full Address (If different to child)

.....

Home Tel. Number Mobile Tel. Number

MEDICAL AND DIETARY INFORMATION

Doctor's Name, Address and Telephone Number

.....

Permission to contact the above Doctor in an emergency YES/NO

Does your child have any diagnosed medical conditions? YES/NO

If yes, please provide details of the condition and any specific requirements. (This information will be referred to the school nurse and you may be contacted if necessary to discuss additional details and healthcare plans).

.....

.....

.....

.....

Has your child been prescribed an inhaler? YES/NO

Has your child been prescribed an Epi-pen? YES/NO

If your child receives any regular treatments or medicines, please provide information.
(Please refer to our medicine administration policy on our school website).

.....
.....

Does your child suffer from any allergies? YES/NO

If yes, please provide details.

.....
.....

Do you give permission for the school to administer first aid to your child if required?
YES/NO

Do you give permission for your child's clothing to be changed if wet or soiled? YES/NO

Do you give permission for your child to have plasters applied if required? YES/NO

Did your child have a traumatic birth or were they born prematurely? YES/NO

Is there any additional medical information you feel may be relevant?

.....

Does your child have any dietary requirements? Please include any intolerances and dietary restrictions (including those relating to religion) YES/NO

If yes, please give details of any dietary requirements e.g., vegetarian, vegan, pescatarian

.....

Do you consider your child to have any physical disability or special educational needs?
YES/NO

If yes, please provide information below, including any information that you think may be helpful regarding disability/special needs. This could include any learning concerns you may have

.....

.....

Please confirm that you have read and understood the following documents available on the school website under Admissions – Forms (Hard copies available upon request. Further induction information will be sent upon receipt of the admission form).

The Schools Privacy Notice

Acceptable Use Policy

PLEASE TICK WHICH OPTION YOU WOULD LIKE TO BE CONSIDERED FOR

FREE ENTITLEMENT SESSIONS FOR 3–4 YEAR OLDS			
OPTION 1 15 hours per week over 38 weeks	Mon 9am – 3pm, Tues 9am – 3pm, Wed 9.00am – 12.00pm	NIL COST 15 funded hours	
OPTION 2 15 hours per week over 38 weeks	Wed 12.0pm – 3.00pm, Thurs & Fri 9am – 3pm	NIL COST 15 funded hours	
OPTION 3 30 hours per week over 38 weeks	5 full days per week Monday-Friday 9am-3pm	NIL COST On receipt of valid 30-hour eligibility code for each school term	

ALL INFORMATION GIVEN IS TREATED IN THE STRICTEST CONFIDENCE.

Parent/Guardian or Carers signature (This form can only be signed by someone with parental responsibility)

The information I have given on this form is correct

Signed Relationship to child

Print Name Date

Please inform us in writing of any changes that should be made to your child's school record.