

# BEESTON HILL St. LUKE'S C of E NURSERY APPLICATION FORM

Child's Surname: ..... Legal Surname (if different): .....

Forename: ..... Middle Name(s): .....

Chosen name (if different to forename): ..... Gender: M / F Date of birth: .....

ADDRESS OF CHILD: .....

Postcode: ..... Home Tel. No: .....

SIBLINGS - Please give names and dates of birth of other children in family:.....

**CONTACT DETAILS:** Please give details of up to four people who may be contacted in an emergency. Please use the Contact Priority Order (1<sup>st</sup> - 4<sup>th</sup>) to indicate the preferred order in which these people may be contacted

**MOTHER'S DETAILS:** Surname:..... Forename:..... Title:.....  
D.o.b:..... Country of Origin:.....  
Home Address: .....  
Postcode: ..... Home Tel. No: .....  
Daytime Tel. No: ..... Daytime place (if not at home) : .....  
Notes (i.e. mornings only, etc): .....  
Mobile Phone No: ..... Contact Priority Order: 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> (please indicate)  
Does the above have LEGAL PARENTAL RESPONSIBILITY for the child? **Yes / No** (please indicate)  
If **YES** please indicate whether responsibility is **SOLE** or **SHARED**

**FATHER'S DETAILS:** Surname:..... Forename:..... Title:.....  
D.o.b:..... Country of Origin:.....  
Home Address: .....  
Postcode: ..... Home Tel. No: .....  
Daytime Tel. No: ..... Daytime place (if not at home) : .....  
Notes (i.e. mornings only, etc): .....  
Mobile Phone No: ..... Contact Priority Order: 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> (please indicate)  
Does the above have LEGAL PARENTAL RESPONSIBILITY for the child? **Yes / No** (please indicate)  
If **YES** please indicate whether responsibility is **SOLE** or **SHARED**

**OTHER CONTACT DETAILS:** (If child is "Looked After" or "In Public Care", please include social worker's details)  
Surname: ..... Forename: ..... Title: .....  
Home Address: .....  
Postcode: ..... Home Tel. No: .....  
Daytime Tel. No: ..... Daytime place (if not at home): .....  
Notes (i.e. mornings only, etc): .....  
Mobile Phone No: ..... Contact Priority Order: 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> (please indicate)  
Please indicate relationship to child (i.e. parent/step parent/guardian, etc): .....  
Does the above have LEGAL PARENTAL RESPONSIBILITY for the child? **Yes / No** (please indicate)  
If **YES** please indicate whether responsibility is **SOLE** or **SHARED**

**OTHER CONTACT DETAILS:** (If child is "Looked After" or "In Public Care", please include social worker's details)  
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Mobile Phone No: ..... Contact Priority Order: 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> (please indicate)  
Please indicate relationship to child (i.e. parent/step parent/guardian, etc): .....  
Does the above have LEGAL PARENTAL RESPONSIBILITY for the child? **Yes / No** (please indicate)  
If **YES** please indicate whether responsibility is **SOLE** or **SHARED**

**MEDICAL INFORMATION:**

Doctor's Name: ..... Tel No: .....  
Address of Practice: .....  
Any medical conditions/allergies of which school should be aware: .....

**SCHOOL MEAL ARRANGEMENTS (2 weeks notice must be given for any change of arrangements)**

School dinner–paid;  School dinner–free (Proof of entitlement must be provided);  Packed lunch

Please give details of any special dietary needs/requirements: .....

**TRAVEL ARRANGEMENTS (please tick appropriate box):**  Walks  Private car  Public transport

**Please indicate if your child is:**

In Public Care;  A Traveller Child;  Asylum Seeker;  Refugee

**CHILD'S ETHNICITY:**

Ethnic origin (see below): ..... Home Language: ..... Religion: .....

The following lists contain all the ethnic descriptions recommended by Education Leeds. Please choose the one most appropriate for your child and enter the corresponding number above.

<p><b>White</b></p> <p>1. British 2. Irish 3. Traveller of Irish Heritage 4. Gypsy/Roma 5. Western European 6. Eastern European 7. Any other White background</p>	<p><b>Asian or Asian British</b></p> <p>12. Indian 13. Pakistani 14. - Kashmiri 15. Bangladeshi 16. Any other Asian background 17. - Kashmiri</p>	<p>21. Chinese</p>
<p><b>Mixed</b></p> <p>8. White and Black Caribbean 9. White and Black African 10. White and Asian 11. Any other Mixed background</p>	<p><b>Black or Black British</b></p> <p>18. Caribbean 19. African 20. Any other Black background</p>	<p>22. Any other Ethnic background</p> <p>23. Do not wish an ethnic background to be recorded.</p>

**EDUCATIONAL HISTORY (if applicable):**

Name and address of previous School/Nursery: .....

**\*\*\* EDUCATIONAL VISITS \*\*\***

I give permission for my child to be taken out of school occasionally on supervised, local educational visits connected with class activities.

I acknowledge the need for obedience and responsible behaviour on his/her part.

Please tick box to indicate agreement.

**PARENT/CARER'S SIGNATURE:** .....

Name (block capitals): ..... Date: .....

**NOTE:** If any of your contact details change before your child starts school/nursery, (such as address, phone numbers, contact names, etc.) please remember to inform school.

Do you require a Nursery place for your child?      **YES / NO**  
If 'YES' please indicate which session you would prefer:    **MORNING / AFTERNOON / EITHER**

***OFFICE USE ONLY:***

Birth Cert. seen: ..... Admission date: ..... Admission No: .....

Date of home visit: ..... Notes: .....

(Oct 2015)