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: Date of birth: …………

M / F

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 (1st - 4th) to indicate the preferred order in which these people may be contacted

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| **PARENT/CARER 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: 1st / 2nd / 3rd / 4th *(please indicate)*Does the above have LEGAL PARENTAL RESPONSIBILITY for the child? **Yes / No** *(please indicate)*Email Address ………………………………………………………….If **YES** please indicate whether responsibility is **SOLE** or **SHARED** |

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| **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: 1st / 2nd / 3rd / 4th *(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** |

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**MEDICAL INFORMATION:**

Doctor’s Name: ……………………………………………… Tel No: …………………………………

Address of Practice: …………………………………………………………………………………………

Any medical conditions/allergies or Special Needs of which school should be aware of : …………………………………...................................................................................................................................................................................................................................................................................

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

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**Please indicate if your child is:**

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

**. .**

**CHILD’S ETHNICITY:**

Ethnic origin **(see below)**: .…………… First 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.

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

**EDUCATIONAL HISTORY** (if applicable):

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

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| Please indicate which session you would prefer:  **MORNING / AFTERNOON / EITHER** |

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| **PARENT/CARER’S SIGNATURE:** ………………………………………………………………………… Name (block capitals): …..……..………………………………………… Date: ………………………..…. |

# NOTE: If any of your contact details change before your child starts nursery,

#  (such as address, phone numbers, contact names, etc.)

 **please remember to inform school.**

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| ***OFFICE USE ONLY:***Birth Cert. seen: ……………..…… Admission date: ……………………. Admission No: …………………….Date of home visit: …………………………………… Notes: ………………………………………………………..……………………………………………………………………………………………………………………………….  |

**(May 2019)**