

## Nursery Application Form

Section 1: Child's Details					
Legal Surname		First Name			
If your child is known by a different surname,		Middle Names			
Preferred State Date:					
Normal Home Address (this is the address at which your child normally lives, see Admission Policy for details)		Male or Female			
		Date of Birth (dd/mm/yy)			
		Day	Month	Year	
	Postcode				
Your child's current pre-school setting (if applicable)					
Does your child have an Education and Health Care Plan (EHCP)?	Yes/No	If so, which Authority authorised the plan?			
Is your child 'looked after' or previously 'looked after' by a Local Authority	Yes/No	If so, please give the name of your child's social worker and Local Authority			
Does your Child have a disability as defined in the Equality Act (2010)	Yes/No	If so, please give the nature of your child's disability			
Section 2: Contact details of parent/carer living at home address above					
Surname		First Name			
Title		Male or Female			
Relationship to child (e.g. Mother, Father etc)					
Daytime Telephone Number		Is this number	Home/work/mobile		
Alternative Telephone Number		Is this number	Home/work/mobile		
If your child has any older siblings attending this school, please give their name(s) and DofB here					
Name		Date of Birth			
Name		Date of Birth			
Name		Date of Birth			
Name		Date of Birth			

Section 3: Medical Information			
Medical History			
Does your child suffer from:		Does your child have any problems with:	
Asthma	<input type="radio"/>	Mobility	<input type="radio"/>
Epilepsy	<input type="radio"/>	Behaviour	<input type="radio"/>
Diabetes	<input type="radio"/>	Hearing	<input type="radio"/>
Bowel or bladder conditions	<input type="radio"/>	Speech	<input type="radio"/>
Serious allergies	<input type="radio"/>	Vision	<input type="radio"/>
Any other medical conditions	<input type="radio"/>	Wears Glasses	<input type="radio"/>
If you have ticked any of the boxes, please give details:			
Does your child need regular medication on prescription			Yes/No
Will your child need medication during school hours			Yes/No
<b>If you have answered 'yes' to the above questions, please contact the school to make an appointment to discuss your child's needs with the school staff</b>			
Section 5: Your Signature and declaration			
Please note that, if you deliberately give false information, we may withdraw your child's offer.			
I certify that I have parental responsibility for the child named in Section1 and that this application has the agreement of all parents/carers.			
I confirm that the information I have provided is to the best of my knowledge correct and up to date. I understand if I deliberately give false or misleading information, my child's offer of a nursery place may be withdrawn			
I hereby authorise the school to contact my child's previous pre-school setting if required			
I have read and understood the school's Nursery Admission Policy			
<b>I will provide the school with original copies of the below as proof of address and identity</b>			
	Child's birth certificate or passport		
	Proof of home address – (utility bill, council tax bill, landlord/lease agreement		
	Proof of identity for the main carer/person with parental responsibility		
I understand that failure to produce these documents can lead to a refusal of a place in our Nursery			
<i>I have read and understand the explanatory notes. All the information I have given on this form is correct to the best of my knowledge. I understand that I am giving my consent for Burford Primary School to process the information in this form for educational purposes and can share it with other agencies and admission authorities for educational purposes. I understand that Burford Primary School will keep this information securely.</i>			
Signature		Date	
Name in BLOCK CAPITALS		Relationship to child	

