



Bernards Heath Infant and Nursery School

Admission Form

OFFICE USE ONLY	
EAL	
C/P	

PLEASE USE BLOCK CAPITALS		
About your child:		
First name:	Name known by:	
Middle name:		
Surname:		
Date of birth: / /	Child's Sex: M/F/prefer not say	
NHS number: / / /		
Your relationship to the child: (e.g. mother/father/carer/stepmother/stepfather/social worker/other – please state)		
Your child's permanent address:		
Please complete the details for both parents:		
	Parent/Carer 1 details	Parent/Carer 2 details
Title:		
Forename:		
Surname:		
Date of birth:		
National Insurance number:		
Occupation:		
Legal Parental Responsibility Yes/No		
Are you currently or have you been within the last 5 years, a serving member of the British Armed Forces? Yes/No		
Do you have any special needs or physical needs we should be aware of? Please specify:		
Address:		(If different from Parent 1)
Email address:		
Home Telephone:		
Work Telephone:		
Mobile Telephone:		
Who does your child normally reside with (please circle) Parent 1 Parent 2 Both		
Other (please specify below)		

Special Educational Needs Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)? (Please provide evidence with this form)		Yes/No
Child Protection Is your child, or a sibling of your child, subject to an inter-agency child protection plan? (Please provide evidence with this form)		Yes/No
Children in Public Care Is your child looked after, or was previously looked after and is now adopted, or with a child arrangement or special guardianship order? (Please provide evidence with this form)		Yes/No
Social or medical reasons Does your child have a particular medical or social need for attending this school? (Please provide evidence with this form)		Yes/No
SIBLINGS:		
Name	Date of Birth	Nursery/School attended
Early years setting your child attends or has attended (if applicable):		
Name of setting	Address of setting	Sessions attended
		M T W TH F am/pm am/pm am/pm am/pm am/pm
		M T W TH F am/pm am/pm am/pm am/pm am/pm
		M T W TH F am/pm am/pm am/pm am/pm am/pm
MEDICAL INFORMATION		
Doctor's name:		Telephone Number:
Address of surgery:		
Please advise us of any medical conditions – allergies, asthma, eczema, sight or hearing problems etc. (We may require you to complete a care plan for your child)		

RELIGION							
Muslim	<input type="radio"/>	Christian	<input type="radio"/>	Sikh	<input type="radio"/>	Buddhist	<input type="radio"/>
Jewish	<input type="radio"/>	Hindu	<input type="radio"/>	No Religion	<input type="radio"/>	Other	<input type="radio"/>
I do not wish a religion to be recorded			<input type="radio"/>				
ETHNICITY AND LANGUAGE							
Please study the list below and tick ONE box only to indicate the ethnic background of your child:							
(a) White				(b) Multi Ethnic			
British	<input type="radio"/>			White and Black Caribbean	<input type="radio"/>		
Irish	<input type="radio"/>			White and Black African	<input type="radio"/>		
Traveller from Irish heritage	<input type="radio"/>			White and Asian	<input type="radio"/>		
Gypsy/Roma	<input type="radio"/>			Any other mixed background	<input type="radio"/>		
Any other White background	<input type="radio"/>						
Italian	<input type="radio"/>						
Turkish	<input type="radio"/>						
(c) Asian or Asian British				(d) Black or Black British			
Indian	<input type="radio"/>			Caribbean	<input type="radio"/>		
Pakistani	<input type="radio"/>			African	<input type="radio"/>		
Bangladeshi	<input type="radio"/>			Any other Black background	<input type="radio"/>		
Any other Asian background	<input type="radio"/>						
(e) Chinese	<input type="radio"/>			(f) Any Other Ethnic Group	<input type="radio"/>		
I do not wish an ethnic background to be recorded			<input type="radio"/>				
What languages are spoken in the home?							
Does your child speak another language as well as English?							
When your child was a baby, what language did they mostly hear?							

Does your child have any special needs or physical needs we should be aware of? Please specify:

IS THERE ANYTHING ELSE YOU THINK WE SHOULD KNOW?

You know your child best. If there is any other information which will help us make sure your child is happy and thriving at Bernards Heath Infant and Nursery School, please share it with us here. If you would prefer to talk to the Head Teacher, please do not hesitate to make an appointment.

EMERGENCY CONTACTS (If we are unable to contact you in an emergency we will need to call somebody else. Please choose people who live locally as they may need to come to school promptly)

Name	Home Telephone	Mobile Telephone	Relationship to child

DECLARATION

The information I have provided on this form is complete and accurate. I understand that my personal information will be held securely and will only be used for local authority purposes.

Name (please print)

Signature of Parent or Legal Guardian:

Date: