



Mill Field Primary School		NURSERY ADMISSION FORM	
Please complete this form, leaving any parts blank that are not relevant. If there are parts you cannot yet complete please tell the school about these when you hand in the form.			
<b>Details of your child</b>			
Forename (as on Birth Certificate)		Other names (also known as)	Surname (as on Birth Cert.)
If appropriate, underline the forename by which your child is known			Date of Birth
Current Home	Full Address:		/ /
			Gender (please ✓)
We will use your postcode to look up your address	Post code		M
	<i>It is critical that your post code is accurate. If you are not sure of it please ask at school.</i>		F
Ethnicity	Religion and First Language		Nationality
<input type="checkbox"/> Full Birth Cert. Seen <input type="checkbox"/> Birth Cert. Details Checked <input type="checkbox"/> Passport Seen. <input type="checkbox"/> Utility Bill Seen			

Details of the people who have legal parental responsibility for this child					
The Education Act 1996 defines a parent to include the natural parents of the child as well as a person: (a) who is not a parent but who has parental responsibility, or (b) who has care of the child.					
Relationship to your child	Mr, Ms, Mrs etc	Forename	Surname	Home address, if different from your child's	
1					
	☎ Daytime	☎ Evening	☎ Mobile	e-mail:	
2					
	☎ Daytime	☎ Evening	☎ Mobile	e-mail:	
3					
	☎ Daytime	☎ Evening	☎ Mobile	e-mail:	
The usual arrangements for your child if living with different parents on different days of the week					
Additional Emergency Contacts					
People other than the above who can be contacted in an emergency.					
Relationship to the child	Mr, Ms etc	Forename	Surname	Home address, if different from the child's	
	☎ Daytime	☎ Evening	☎ Mobile		
	☎ Daytime	☎ Evening	☎ Mobile		

Other family details			
Please give details of any other children currently living at your child's home(s).			
Children's names	Date of birth	Sex: M or F	School attending (if applicable)

Preference of Sessions			
Full days (2 and a half) Mon/Tues (9-3) and wed am (9-12)			
Full days (2 and a half) Wed pm (12-3) and Thu/Fri (9-3)			
Half days Mon – Fri am sessions (9-12)			
You may be eligible for 30 hours, please check the following website: <a href="http://www.chilcarechoices.gov.uk">www.chilcarechoices.gov.uk</a>			

Educational history			
Last Nursery attended			
name	Address		Telephone
Dates attended		From	To
Pre-school educational experience			
This only needs to be completed for children aged 7 or younger			
Dates	From		Playgroup
	To		Nursery
		<i>Please tick</i>	At home
			Other
If your child has had any gaps in his/her education please provide detail below			
The start and end dates of the gap(s) and reason(s) are required.			

Doctor, health care & other specific arrangements				
Name of doctor & surgery		Contact details of practice/health centre		
		The school has contact details of local doctors. If you are not using a local doctor, please supply the contact details separately.		
Has your child had a tetanus injection?		Yes	No	If yes, date
INHALER	Does your child use one?	Yes	No	If yes, frequency taken
	If yes, type of medication?			
Health Visitor:				
Other medical information relevant to your child's development and school life e.g. hearing, sight, allergies, diabetes, epilepsy.				

Does your child have a statement of special education needs?	Yes	No
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If your child has other particular needs in relation to his/her education please describe them here:

Please give details of any special dietary requirements your child has?	Lunch time arrangements (please ✓ one box)		
	Packed Lunch		

How will your child normally get to and from school?	Is your child entitled to free transport?	Yes	No

## **PERMISSIONS**

- I give Permission for Emergency Treatment to be given by School.
- I give Permission for my child's photograph image to be used.
- I give Permission for my child to take part in school outings/visits as part of the curriculum.
- I give Permission for my child to take part in ICT activities including the use of the Internet

The information you have given on this form will be held by the school and Leeds City Council Children's Services. It will be shared within Leeds City Council and its contractors in order to provide and plan services e.g. School Transport. It will be used to administer health, social and welfare care and will be shared with healthcare advisors, practitioners and other relevant agencies such as the School Nurse and Children's centres to inform their practice. It will be used as necessary to support the school's own contractual requirements. It will be forwarded to your child's new school if and when s/he changes school. It will also be used for statutory returns and for research purposes.

All information given will be held in the strictest confidence under the requirements of the Data Protection Act 1998. For further details please see the Data Protection Act document included within the admission information given to you by the school.

By signing this form:

- You agree to the above statements
- You confirm that you have parental responsibility for this child
- You confirm the information provided in this form to be correct as of this date.
- You agree that you will inform the school of any changes that may occur to the above information whilst your child attends this school.

Signed (parent):	Date:
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Thank you. When completed, please return this form to the school.

### For School Office Use

Admission No	Records sent for
Proof of birth certificate provided	MIS updated
Correct UPN recorded	Class allocated
Proof of residence provided (please name)	