

Highwood Copse Primary School
APPLICATION FOR NURSERY CLASS



HIGHWOOD COPSE
PRIMARY SCHOOL

Please send the completed form and a COPY of the FULL Birth Certificate
(PLEASE DO NOT SEND AN ORIGINAL) to:

Headteacher, Highwood Copse Primary School c/o Newbury College, Monks Lane, Newbury RG14 7TD

Please complete this form as fully as you can. **All information is considered strictly confidential and in no way jeopardises a place for your child.** INFORMATION CONTAINED IN THIS FORM MAY BE HELD ON COMPUTER AND IS THEREFORE SUBJECT TO THE DATA PROTECTION ACT 1984.

CHILD'S SURNAME: _____
FIRST NAME: _____
Middle Names: _____
Preferred Chosen Name: _____

Date of Birth: Day: _____ Month: _____ Year _____

Gender: (*please circle*) Male / Female

Home Address: _____

Town: _____

Post Code: _____

Home Telephone Number: _____ Code: _____ / _____

Home Email Address: _____ @ _____

Full Name of parents/guardians: Mother _____

Father _____

Address (if different from above): _____

Father's Occupation: _____

Business Address: _____

Telephone Number: _____

Mobile Number: _____

Email Address: _____ @ _____

Parental Responsibility: Yes / No

Mother's Occupation: _____

Business Address: _____

Telephone Number: _____

Mobile Number: _____

Email Address: _____ @ _____

Parental Responsibility: Yes / No

Please indicate if any parent is a member of HM Armed Forces:-

Mother/ Step-Mother / Father / Step-Father

(*please circle as appropriate*)

Address of any other parents (if different from above):

Name: _____

Relationship to child: _____

Parental Responsibility: Yes / No

Address: _____

Town: _____

Post Code: _____ Telephone Number: _____

EMERGENCY CONTACTS (other than above) (relative, neighbour or friend who would be willing to be responsible for your child if we were unable to contact you.)

Name: _____
Address: _____
Post Code: _____
Telephone/mobile: _____
Relationship to child: _____

Your child's position in the family: [1/2: first of two children 3/3: third of three children] _

Religion: (*please circle*) Christian / Hindu / Jewish / Muslim / Sikh / Other / No religion

Child's Natural Language: _____

Language spoken at home: _____

Country of Birth: _____

Nationality: _____

NAME OF FAMILY DOCTOR: Dr _____ Telephone: _____

NAME & ADDRESS OF MEDICAL PRACTICE: _____

Post Code of Medical Practice: _____

Name of Health Visitor: _____ Telephone: _____

CHILD'S NHS Number: _____

- | | |
|---|-----------------------------|
| 1. Should your child wear glasses? | YES / NO / SOMETIMES |
| 2. Is your child's hearing satisfactory? | YES / NO |
| 3. Has your child ever suffered hearing loss in early childhood? | YES / NO |
| 4. Does your child have a physical disability about which we should know? | YES / NO |

Please give brief details:

5. Is there any reason why your child cannot take a full part in games, physical exercise or any other activity?
YES / NO

6. Is there any other important medical condition about which we should be aware? *e.g. asthma, epilepsy, diabetes*
YES / NO

7. *Does your child suffer from any chronic / severe allergy (eg. nuts, wasp stings etc) whereby s/he may require a life-saving injection whilst in school
YES / NO

If yes, PLEASE PRINT:

Cause of allergy: _____ Antidote drug: _____

*** Failure to disclose this information will mean that the Local Education Authority will not accept liability for your child if a severe reaction occurs whilst s/he is in school.**

8. Any other information which you feel we should know (eg. Special Dietary requirements):

9.. How will your child travel to nursery? (*please circle **only** the mode of travel that will be most frequently used*):

Walk / Car / Train / Car share / Cycle / School Bus / Public Bus Service / Taxi / Other

10. Has your child attended a playgroup or nursery before? YES/NO

Please give details:

Name of nursery/playgroup last attended: _____

Address: _____

Telephone Number: _____

Date of admission: _____

11. Have you applied for a place at any other nursery? YES/NO

Please supply a copy of the FULL Birth Certificate (DO NOT SEND AN ORIGINAL)

The information in this application is true and accurate.

Signature of Parent / Guardian: _____

Date: _____

In order for us to keep our records up to date, please advise us immediately of any changes in address, telephone numbers, etc. Thank you.

<i>For Office Use Only</i>	<i>Date</i>	<i>Comments</i>
Date application received		Copied to Nursery YES / NO Date:
Birth Certificate Seen Yes / No		
Nursery Place offered		Accepted / Deferred / Declined Date:
Date Of Admission		
Entered on SIMS		
Pupil docs requested from previous nursery school (if applicable)		
UPN Number allocated or obtained from previous nursery school (if applicable)		UPN Number:
Medical Conditions entered on SIMS (if applicable)		
New Pupil File made up.		