



Discovery Schools
Academy Trust



This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 1998. Data on this form will be shared with the LA only where necessary.

SCHOOL USE ONLY	
Admission no.	
Year Group	
Reg. Group	
Admission Date	
Date Processed	

Please print in the areas below

PUPIL INFORMATION

Legal Surname: _____ Legal Forename: _____

Gender (M/F): _____ Date of Birth: _____ Middle Name(s): _____

Preferred Surname: _____ Preferred Forename: _____

Postcode: _____ Home telephone number: _____

Home Address: _____

IMPORTANT

Please provide Preschool with your child's birth certificate

Copy of your child's birth certificate received

If you claim any of the following please let us know, your child may be eligible financial assistance.

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit

I/We are in receipt of the above and would like to apply



PARKLAND PRE-SCHOOL PUPIL'S ADMISSION FORM

Family Details & Living Situation

In Care Status: YES NO

Family Situation:

Single Parent 2 Adults Foster Parents In Residential Care

Do not want to disclose

Protection Register Status

Is a sibling on the Protection Register? YES NO

Sibling Protection Register Status

Is this child on the Protection Register? YES NO

Traveller Status

Is this child a traveller? YES NO

Refugee Status

Is this child a refugee? YES NO

Armed Forces

Does this child have a parent in the armed forces? YES NO

Transport Arrangements:

How does your child travel to school?

Cycle Car Share Car/Van Public Bus Service
 Dedicated School Bus Train Taxi Walk Other

Religion:

Buddhist Jewish Hindu
 Christian Muslim Sikh
 No religion Other religion

THE FREE EARLY EDUCATION ENTITLEMENT (FEEE) ALLOWS 15 HOURS PER WEEK OF FREE CARE (5 SESSIONS) OR 30 HOURS IF ELIGIBLE (10 SESSIONS). REMAINDER WILL BE CHARGED AT £10 PER SESSION AND £2 PER LUNCHTIME SESSION. PLEASE PROVIDE A PACKED LUNCH.

SESSION	MON	TUES	WED	THUR	FRI	TOTAL SESSIONS
MORNING 8.45-11.45						
LUNCHTIME 11.45-12.15						
AFTERNOON 12.15-3.15						



PARKLAND PRE-SCHOOL PUPIL'S ADMISSION FORM

Languages Spoken:

A **first language** other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

A **second language** is a language that this child has been exposed to later in their development and that they use in the home, community or at school

A **home language** is a language that is regularly spoken in the home, whether or not this child speaks or understands it.

A **tuition language** is a language in which this child is proficient, or is gaining proficiency through tuition.

First Language: _____

Second Language: _____

Home Language: _____

Tuition Language: _____

Country of Birth _____ Nationality _____

Ethnicity _____

I do not wish first Language, country of birth and nationality to be recorded

Dietary Requirements:

Artificial Colouring Allergy

No Pork

No Dairy Produce

Gluten Free

Halal

Kosher Foods Only

No nuts of any type/quantity

Vegetarian

Seafood Allergy

Does your child have any other dietary requirements that the school should be aware of?

Medical Information:

Dr's Name _____

Medical Practice Name: _____

Medical Practice Address: _____

_____ Tel no: _____

Heath Visitor name _____ Tel no: _____

Does your child have any medical conditions that preschool should be aware of? E.g. allergies requiring medication.

Does your child receive any Paramedical Support?

PARKLAND PRE-SCHOOL PUPIL'S ADMISSION FORM

Occupational Therapy Physiotherapy Speech Therapy

Other support please specify _____

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Prioritise them in the order that you wish for them to be contacted in an emergency.

Contact Information: Parent/Guardian

Title: _____ Forename: _____ Surname: _____

Gender: Male Female

Relationship to Pupil: _____ Parental Responsibility: YES NO

Permission to take home: YES NO Armed Forces: YES NO

Languages (If not an English Speaker): _____

Daytime Tel. No: _____ Day Place: _____

Home Phone: _____ Mobile: _____

E-mail: _____

Address (if different to above): _____

_____ Postcode: _____

Priority

1

Currently serving in Regular HM Forces Military units?

Contact Information: Parent/Guardian

Title: _____ Forename: _____ Surname: _____

Gender: Male Female

Relationship to Pupil: _____ Parental Responsibility: YES NO

Permission to take home: YES NO Armed Forces: YES NO

Languages (If not an English Speaker): _____

Daytime Tel. No: _____ Day Place: _____

Home Phone: _____ Mobile: _____

Priority

2

Currently serving in Regular HM Forces Military units?

PARKLAND PRE-SCHOOL PUPIL'S ADMISSION FORM

E-mail: _____	
Address (if different to above): _____	
Postcode: _____	

<u>Contact Information: Non-Parental Contact</u>	
Title: _____ Forename: _____ Surname: _____	Priority
Relationship to Pupil: _____ Permission to take home: <input type="checkbox"/> YES <input type="checkbox"/> NO	3
Languages (If not an English Speaker): _____	
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	

<u>Contact Information: Non-Parental Contact</u>	
Title: _____ Forename: _____ Surname: _____	Priority
Relationship to Pupil: _____ Permission to take home: <input type="checkbox"/> YES <input type="checkbox"/> NO	4
Languages (If not an English Speaker): _____	
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	

<u>Other Information:</u>
Name/names of brothers and sisters in Parkland Primary School:

Please use this space to give us any information about your child that you feel we should know about and which has not already been covered by this form:

PARKLAND PRE-SCHOOL PUPIL'S ADMISSION FORM

Name of previous preschool/nursery:	Date	Date
_____	From	To
_____	_____	_____
Any other childcare setting:		

Permissions

I give permission for my child to:

Access the internet with adult supervision YES NO

Have their work electronically published YES NO

Visit local offsite activities (e.g. library, Church) YES NO

Visit partnering schools YES NO

Be seen by outside agencies (e.g. health visitor) YES NO

Photograph permission:

Be photographed and the photos be displayed in local newspapers, websites, displays around the preschool YES NO

Be photographed and the photos to be displayed on the preschool website and the preschool Twitter feed

YES NO

Be photographed by a professional school photographer individually

YES NO

Be photographed by a professional school photographer in a whole group

YES NO

Please note that photographs of children on display within the preschool, on the preschool website or Twitter will not be accompanied by pupil names.

I promise that if I, or members of my family, take photographs or video recordings of any preschool event, these will be kept for family use only and will NOT be posted on social media.

I understand that my decision to give consent will remain valid throughout my child's time at Parkland Preschool and for one year after they leave, unless I notify the school in writing. The consent will automatically expire after this time.

PARKLAND PRE-SCHOOL PUPIL'S ADMISSION FORM

Parent/Guardian Name (Please print) : _____

Parent/Guardian Signature: _____

Date: _____