



We collect data and use pupil personal data when the law allows us under the Education Act 1996 and subject to Article 6 & 9 of the General Data Protection Regulation to comply in the main with a legal obligation. Where data is not mandatory, we will always seek your consent. Any data sharing will only be in accordance with our policies and processes – further information can be found on our Privacy Notice.

SCHOOL USE ONLY	
Admission no.	
Year Group	
Reg. Group	
Admission Date	
Date Processed	
UPN	
Valid FSM voucher	Yes No Applying

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 the school 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 for 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 – your household income must be less than £7,400 a year after tax not including any benefits you get

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

PARKLAND PRESCHOOL 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 your child subject to a Child Protection Plan? YES NO

Is your child subject to a Child in Need Plan? YES NO

Sibling Protection Register Status

Is a sibling subject to a Child Protection Plan? YES NO

Is a sibling subject to a Child in Need Plan? 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

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?

PARKLAND PRESCHOOL 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

Medical Information:

Dr's Name _____

Medical Practice Name: _____

Medical Practice Address: _____

_____ Tel no: _____

Name of Health Visitor: _____

Did your child have their 2 Year Check with a health professional? YES NO

Please tell us anything that may be important to your child's learning and development from their 2 Year Check.

Does your child have any medical conditions that the school should be aware of?

Does your child receive any Paramedical Support?

Occupational Therapy Physiotherapy Speech Therapy

Other support please specify _____

Does your child have Asthma? Yes No

If yes, type of inhaler used 1. _____

2. _____

Is your child required to wear glasses? Yes No

PARKLAND PRESCHOOL ADMISSION FORM

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.

<u>Contact Information: Parent/Guardian</u>	
Title: _____ Forename: _____ Surname: _____	Priority 1
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to Pupil: _____ Parental Responsibility: <input type="checkbox"/> YES <input type="checkbox"/> NO	Currently serving in Regular HM Forces Military units? <input type="checkbox"/>
Permission to take home: <input type="checkbox"/> YES <input type="checkbox"/> NO Armed Forces: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Languages (If not an English Speaker): _____	
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	
E-mail: _____	
Address (if different to above): _____ _____ Postcode: _____	

<u>Contact Information: Parent/Guardian</u>	
Title: _____ Forename: _____ Surname: _____	Priority 2
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to Pupil: _____ Parental Responsibility: <input type="checkbox"/> YES <input type="checkbox"/> NO	Currently serving in Regular HM Forces Military units? <input type="checkbox"/>
Permission to take home: <input type="checkbox"/> YES <input type="checkbox"/> NO Armed Forces: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Languages (If not an English Speaker): _____	
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	
E-mail: _____	
Address (if different to above): _____ _____ Postcode: _____	

PARKLAND PRESCHOOL ADMISSION FORM

<u>Contact Information: Non-Parental Contact</u>		Priority
Title: _____ Forename: _____ Surname: _____		<div style="border: 2px solid black; padding: 10px; display: inline-block;">3</div>
Relationship to Pupil: _____ Permission to take home: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Languages (If not an English Speaker): _____		
Daytime Tel. No: _____ Day Place: _____		
Home Phone: _____ Mobile: _____		
Address: _____		

<u>Contact Information: Non-Parental Contact</u>		Priority
Title: _____ Forename: _____ Surname: _____		<div style="border: 2px solid black; padding: 10px; display: inline-block;">4</div>
Relationship to Pupil: _____ Permission to take home: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Languages (If not an English Speaker): _____		
Daytime Tel. No: _____ Day Place: _____		
Home Phone: _____ Mobile: _____		
Address: _____		

<u>Other Information:</u>			
	Date	Date	
Name of previous Nursery or preschool:	From	To	
_____	_____	_____	
Reason for leaving: _____			
Date entered UK (if applicable) _____			
Name/names of brothers and sisters in this 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 PRESCHOOL ADMISSION FORM

Photo Permissions and Consent

We sometimes take photographs of pupils. We use these photos to celebrate work and achievements via Twitter, in the school's prospectus, on the school's website, and on display boards around school. We would like your consent to take photos of your child and use them in the ways described above. If you're not happy for us to do this, that's no problem – we will accommodate your preferences.

I give permission for my child to:

- I am happy for the school to take photographs of my child YES NO
- I am happy for the school to take videos of my child YES NO
- I am happy for photos of my child to be used on the school website. YES NO
- I am happy for photos of my child to be used in the school prospectus. YES NO
- I am happy for photos of my child to be used in internal displays. YES NO
- I am happy for photos of my child to be displayed in local newspapers YES NO
- I am happy for photos of my child to be used on the schools Twitter account. YES NO
- I am happy for photos of my child to be used on ClassDojo. YES NO
- I am happy for photos of my child to be used across the wider trust organisation for marketing purposes. YES NO
- I am **NOT** happy for the school to take or use photos of my child. (NOT happy)

If you change your mind at any time, you can let us know by emailing the preschool email – preschool@dsatparkland.org, calling the school on 0116 2782142, or just popping in to the preschool and speaking to one of the team members.

Parent/Carer Name (Please print): _____

Parent/Carer Signature: _____

Date: _____

Other Permissions

I give permission for my child to:

- Access the internet with adult supervision YES NO
- Visit local offsite activities (e.g. library, Church) YES NO
- Visit partnering schools YES NO
- Be transported to fixtures in staff cars or vehicles belonging to parent helpers YES NO
- Participate in food tastings as part of the curriculum YES NO
- Have their work electronically published YES NO

PARKLAND PRESCHOOL ADMISSION FORM

PTA – Parent Teacher Association Consents

I give my consent to receive by email:

- information relating to PTA fundraising activities, YES NO

I give my consent to receive by text message:

- information relating to PTA fundraising activities, YES NO

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 £12 PER SESSION AND £3 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						

Parent/Carer Name (Please print): _____

Parent/Carer Signature: _____

Date: _____