



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

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

**N.I. Number**-----



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?

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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: \_\_\_\_\_

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 \_\_\_\_\_

Yes No

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.

<b><u>Contact Information: Parent/Guardian</u></b>	
Title: _____ Forename: _____ Surname: _____	Priority <b>1</b>
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: _____	
_____	
_____	

<b><u>Contact Information: Parent/Guardian</u></b>	
Title: _____ Forename: _____ Surname: _____	Priority <b>2</b>
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

<b><u>Contact Information: Non-Parental Contact</u></b>		Priority
Title: _____ Forename: _____ Surname: _____		<b>3</b>
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: _____		

<b><u>Contact Information: Non-Parental Contact</u></b>		Priority
Title: _____ Forename: _____ Surname: _____		<b>4</b>
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: _____		

<b><u>Other Information:</u></b>		
	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: _____		
_____		
_____		
_____		



**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 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 school email – admin@dsatparkland.org, calling the school on 0116 2782142, or just popping in to the school office and speaking to one of the office 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



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 £10 PER SESSION AND £2 PER LUNCHTIME SESSION. PLEASE PROVIDE A PACKED LUNCH.**

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

Parent/Carer Name (Please print): \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

