

All belong, all achieve.

NURSERY ADMISSIONS FORM

Please complete this form as fully as possible. It includes information that might be essential in the case of an emergency. The information provided will also be used to assess pupils' eligibility for free school meals and the school's eligibility for additional finance. Please write clearly.

CHILD INFORMATION

Date of Application: ___/___/_____ Admission Stage: _____
(I.e. Nursery, Reception, Year 1, Year 2.)

Child's Name: _____ Male/Female: _____

Date of Birth: ___/___/_____

Position in Family: _____ [i.e. 1st of 3 / only child / 2nd of 2]

Names and dates of birth of other children in the family:

1. _____ 3. _____

2. _____ 4. _____

Names of siblings attending Heber School:

1. _____ 3. _____

2. _____ 4. _____

Are there any care or post-looked after arrangements in place? _____

If yes, please provide details:

Child's Address:

Post Code: _____ Borough of Residence: _____

Nationality: _____

Previous School/s:

Mode of transport to school: _____

Does your child have permission to walk home on their own? _____
(Children in years 5 & 6 only)



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PARENT / CARER CONTACT DETAILS

1st Parent / Carer Title: _____ Full Name: _____

Address (if different from child): _____

_____ Post Code: _____

Occupation: _____

National Insurance No. _____ DOB: ___/___/_____

National Asylum Support Service Number (NASS): _____

Home No: _____ Mobile No: _____ Work No: _____

Email Address: PLEASE WRITE CLEARLY IN CAPITAL LETTERS

Country of Birth: _____ Date Entered UK: ___/___/_____

Do you have parental responsibility for this child? _____

2nd Parent / Carer Title: _____ Full Name: _____

Address (if different from child): _____

_____ Post Code: _____

Occupation: _____

National Insurance No. _____ DOB ___/___/_____

National Asylum Support Service Number (NASS): _____

Home No: _____ Mobile No: _____ Work No: _____

Email Address: PLEASE WRITE CLEARLY IN CAPITAL LETTERS

Country of Birth: _____ Date Entered UK: ___/___/_____

Do you have parental responsibility for this child? _____



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EMERGENCY CONTACT DETAILS

Please give details of a relative or friend who can be contacted in an emergency if the school is unable to reach parent / carer:

Name: _____ Mobile Number: _____

Relationship to child: _____

MEDICAL INFORMATION

Child's National Health Number (NHS): _____

Collection of Pupil NHS / NASS Numbers: Pupil NHS Numbers are now being collected by schools. They may be used in the event of a medical emergency as the NHS will then be able to access the pupils' records more quickly. This information will also be shared with the Local Authority. This will enable services to work more effectively in supporting children in schools.

Does your child suffer from any specific medical condition or allergy? Yes / No

If YES, please specify: _____

Does your child require a special diet and/or do you have restrictions on certain foods?

Yes / No If YES, please specify: _____

Has your child been vaccinated against Tetanus? Yes / No

If YES, date of vaccination: Date ___/___/_____

Does your child suffer from travel sickness? Yes / No

If YES, will you give them motion sickness medicine for a school trip? Yes / No

If YES, which brand? _____

Name and Address of Child's Doctor: _____

_____ Post Code: _____

Telephone Number: _____

Notes Regarding Medicines & Illness: The authority recommends that medicines should be taken at home, wherever possible. If this is not possible, all medicine must be brought to the school office, clearly labelled with your child's name and class together with instructions for administering it. If your child is unwell, please do not send them to school. A note should be sent to school on your child's return, giving a detailed explanation for absence.



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INFORMATION RELATED TO YOUR CHILD'S LEARNING

A child progresses most quickly when home and school are working together. It is important, therefore, that the school has relevant information about each child and that you get to know your child's teacher early in the school year. The following information will be of great value to us:

Does your child have an EHCP (Education Health Care Plan)? Yes / No

If YES, please specify when the plan was received: ____ / ____ / ____

Has your child received any **formal** diagnosis (e.g. dyslexia, autism, ADHD)?

Yes / No

If YES, please specify the diagnosis: _____

(Please also provide school with any paperwork related to the given diagnosis.)

Was your child receiving any additional support or intervention at their previous setting?

Yes / No

If YES, please specify (e.g. Speech & Language) _____

What is the main language spoken at home? _____

If not English, please specify your child's ability in the following:

Ability to **understand** English: POOR ADEQUATE GOOD EXCELLENT

Ability to **speak** English: POOR ADEQUATE GOOD EXCELLENT

Does your child understand any other languages? YES / NO

If YES, please specify: _____ Religion: _____



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CHILD'S ETHNIC ORIGIN – PLEASE TICK OR COMMENT IF 'OTHER'

Black	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
African	<input type="checkbox"/>	White	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	English/ Scot/ Welsh	<input type="checkbox"/>
Arab	<input type="checkbox"/>	Irish	<input type="checkbox"/>
SE Asia	<input type="checkbox"/>	Greek	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Other: _____			

PERMISSION FOR PHOTOGRAPHS AND FILMING

From time to time children may be involved in photography or filming. Images may be used in school and may be uploaded on to the school's website. We would be grateful if you could give written permission in advance.

	Yes	No
I give permission for my child's photo or video image to be used on the school website.		
I give permission for my child's photograph to be used in school for display purposes.		
I give permission for my child's photograph to be used in other printed publications such as a school prospectus or marketing leaflet/banner.		
I give permission for my child's image to be used on the school's social media site (currently only Twitter).		
I give permission for my child's photograph to appear in the media, ie. local printed press or other websites.		

Signed parent / carer: _____ Date ___/___/_____

Please print parent/carer name: _____



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PERMISSION FOR LOCAL VISITS

I give permission for my child _____ to be taken out of school on local visits, which do not involve public or private transport.

Signed parent / carer: _____ Date ___/___/_____

Please print parent/carer name: _____

RESPONSIBILITY FOR YOUR CHILD

I understand that the school is not responsible for my child before 8.45am or after 3.30pm (other than those attending After School Club Activities and School Trips)

Signed parent / carer: _____ Date ___/___/_____

Please print parent/carer name: _____

Please inform us of any changes to this form. Thank you.

IMPORTANT SUPPORTING DOCUMENTS

Please attach the following supporting documents to your application:

1. Proof of your child's date of birth:

Your child's birth certificate or passport.

2. An up to date Child Benefit confirmation letter OR FULL Birth Certificate, which confirms the names of child's parents. The child benefit letter must be dated in the last 3 months. You can call the Child Benefit Office on 0300 200 3100 to request an up to date copy of this letter. If you are no longer eligible to receive this benefit, you will need to request a letter from HMRC confirming that you were previously in receipt of child benefit.

3. Two proofs of address, one from each of the lists below:

List A

- Most recent Council Tax bill.

List B

- One other proof of address document e.g.: utility bill, bank or credit card statement, mortgage statement, TV licence.

All information will be treated in the strictest confidence. Heber Primary School is committed to protecting the privacy and security of personal information. To view our Privacy Notice for Pupils, visit our website: <https://www.heberprimaryschool.com/information/gdpr/>



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Heber Nursery Preference Form

Name of child: _____ Date of Birth ____/____/____

I would like to apply for a place for my child at Heber Nursery and my preferred attendance options are (please tick your preference from the choices below):

1 st Preference	Please tick
Monday - Wednesday = 2.5 days £24 per month fees (over 10 months) for an additional 1 hour per week.	
Wednesday-Fridays = 2.5 days £24 per month fees (over 10 months) for an additional 1 hour per week.	
Full time - 30 hours Government Funded Free Childcare. £59 per month fees (over 10 months) for an additional 2.5 hours per week.	
Full time Fee Paying 15 hours' free childcare £410 per month fees (over 10 months) for an additional 17.5 hours.	

2 nd Preference	Please tick
Monday - Wednesday = 2.5 days £24 per month fees (over 10 months) for an additional 1 hour per week.	
Wednesday-Fridays = 2.5 days £24 per month fees (over 10 months) for an additional 1 hour per week.	
Full time - 30 hours Government Funded Free Childcare. £59 per month fees (over 10 months) for an additional 2.5 hours per week.	
Full time Fee Paying 15 hours' free childcare £410 per month fees (over 10 months) for an additional 17.5 hours.	

Please return this form by 1st April to be considered for the following September.

