**Admissions Form – Confidential**

|  |  |  |  |
| --- | --- | --- | --- |
| **Two year old / Nursey Code** |  | **If Nursery part/full time** |  |
| **Child** |
| **Legal Forename** |  |
| **Legal Surname** |  |
| **Date of Birth (DD/MM/YYYY)** |  |
| **Gender** |  |
| **Home Address** |  |
| **Postcode** |  |

|  |
| --- |
| **Parent Carer (1)** |
| **Title** | Mr / Mrs / Ms / Miss / Other |
| **Forename** |  |
| **Surname** |  |
| **Relationship to Child** |  |
| **Parental Responsibility** | Yes / No |
| **Mobile Number** |  |
| **Home number** |  |
| **Email address** |  |
| **Address** |  |
| **Post Code** |  |
| **Parent Carer (2)** |
| **Title** | Mr / Mrs / Ms / Miss / Other |
| **Forename** |  |
| **Surname** |  |
| **Relationship to Child** |  |
| **Parental Responsibility** | Yes / No |
| **Mobile Number** |  |
| **Home number** |  |
| **Email address** |  |
| **Address** |  |
| **Post Code** |  |

|  |
| --- |
| **Emergency Contact (1)** |
| **Title** | Mr / Mrs / Ms / Miss / Other |
| **Forename** |  |
| **Surname** |  |
| **Relationship to Child** |  |
| **Parental Responsibility** | Yes / No |
| **Mobile Number** |  |
| **Home number** |  |
| **Email address** |  |
| **Address** |  |
| **Post Code** |  |

|  |
| --- |
| **Emergency Contact (2) – *please complete if only one parent above*** |
| **Title** | Mr / Mrs / Ms / Miss / Other |
| **Forename** |  |
| **Surname** |  |
| **Relationship to Child** |  |
| **Parental Responsibility** | Yes / No |
| **Mobile Number** |  |
| **Home number** |  |
| **Email address** |  |
| **Address** |  |
| **Post Code** |  |

|  |
| --- |
| **Doctor’s Surgery or Medical Practice** |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone Number** |  |
| **Health Visitor details - *for children under five only*** |
| **Name** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Do we have your permission to contact the Health Visitor?** | Yes / No |
| **Did your child have a two-year developmental check? If yes, please provide a copy.** | Yes / No |

|  |
| --- |
| **Medical Conditions** |
| **Does your child have any medical conditions?** | Yes / No |
| **Does your child have any allergies?** | Yes / No |
| **Office use only – if yes above***Date mtg arranged with SENCo* |  |

|  |
| --- |
| **Other Professionals** |
| **Does your child see any other professionals?** | NameProfessionTelephoneEmail |
|  | NameProfessionTelephoneEmail |
|  | NameProfessionTelephoneEmail |
| **Do we have your permission to contact the professionals above?** | Yes / No |

|  |
| --- |
| **Religion – Please tick one box** |
| **Buddhist** |  | **Muslim** |  |
| **Christian** |  | **Sikh** |  |
| **Hindu** |  | **Other** |  |
| **Jewish** |  | **No religion** |  |

|  |
| --- |
| **Ethnic Group – Please tick one box** |
| **White British** |  | **Black Somali** |  |
| **White Irish** |  | **Black Ghanaian** |  |
| **White Western European** |  | **Black Caribbean** |  |
| **White Eastern European** |  | **Black African other** |  |
| **White Other** |  | **Any other Black background** |  |
| **White & Black Caribbean**  |  | **Pakistani** |  |
| **White & Black African** |  | **Indian** |  |
| **White & Asian** |  | **Bangladeshi** |  |
| **Any other mixed background** |  | **Traveller of Irish Heritage** |  |
| **Turkish** |  | **Gypsy/Roma** |  |
| **Latin/ South/ Central American** |  | **Any other Ethnic group** |  |
| **Chinese** |  | **Rather not say** |  |

|  |
| --- |
| **Other Information** |
| **Family Home language** |  |
| **Do parents need a translator?** | Yes/No |
| **Child’s first language** |  |
| **Asylum Seeker** | Yes/No |
| **Refugee** | Yes/No |
| **Child’s previous school** |  |
| **Date of leaving**  |  |

|  |
| --- |
| **Mode of Transport – Please tick one box** |
| **Walk** |  |
| **Bus** |  |
| **Train** |  |

|  |
| --- |
| **Brothers and Sisters at Falconbrook** |
| Name |  | M/F |  | DOB |  |
| Name |  | M/F |  | DOB |  |
| Name |  | M/F |  | DOB |  |
| Name |  | M/F |  | DOB |  |

|  |
| --- |
| **Consent** |
| 1. | I confirm that I am consenting on behalf of my child that Falconbrook may use photographs or videos of my child for display, celebration and promotion. These images may be:* Published on Falconbrook’s social media platforms
* Published on Falconbrook’s website
* Published in Falconbrook’s communication/newsletters

*Children will not be named when images are used on publicly available platforms including social media, the website, or printed publications.* |
| 2. | a) I consent for my child to go on local visits off-site b) I consent for my child to go on educational visits which are during the school day. For these visits parents are informed of the visit in advance. |
| **Signature** |  |
| **Name** |  |
| **Date** |  |