**Admissions Form – Confidential**

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| **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** |  | | |

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| **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** |  |

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| **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** |  |

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| **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** |  |

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| **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 |

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| **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* |  |

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| **Other Professionals** | | |
| **Does your child see any other professionals?** | Name  Profession  Telephone  Email | |
|  | Name  Profession  Telephone  Email | |
|  | Name  Profession  Telephone  Email | |
| **Do we have your permission to contact the professionals above?** | | Yes / No |

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

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| **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** |  |

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| **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** |  |

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

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

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| **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** | |  |