

Registration for Admission to Nursery Schools and Classes



To be completed by, or with the parent/person with parental responsibility at the school

Name of child: Date of birth: Girl/boy:

Known as name if different from the legal name :

Evidence sighted ☐ Birth certificate ☐ Passport ☐ (please indicate)

Ethnicity: Religion:

Name of parent/person with parental responsibility:

Relationship to child:

Address: Post Code:

Email: Telephone Number:

Name of second parent/person with parental responsibility:

Relationship to child:

Address: Post Code:

Email: Telephone Number:

Preferred nursery session—Morning / Afternoon / Early Reds (Mon, Tue, Wed AM) / Late Green (Wed PM, Thu, Fri) / 30 hours

Name of child's doctor: Name of child's health visitor:

I agree that the school can contact my child's Health Visitor, so that they can provide information about my child to support their learning in school.

Yes ☐ No ☐

At which primary school do you to intend to apply for a place for your child (for admission in September after their fourth birthday)?

The following information will be treated as strictly confidential. Please complete the form as fully as possible - it will help us to ensure that your child's entry into education is as trouble free as possible

Has your child had any child care apart from you or close relatives? Yes ☐ No ☐

If yes, please give details:

Has your child any health problems that you are aware of? Yes ☐ No ☐

If yes, please give details:

Does your child have any special educational needs that you are aware of? Yes ☐ No ☐

If yes, please give details:

Has your child had any involvement with health, social care or any other support agencies? Yes ☐ No ☐

If yes, please give details:

Does your child have any brothers or sisters? Yes ☐ No ☐

If yes, please give names and ages:

Please tell us anything else you feel may help us to plan for your child's admission to nursery (e.g. medical issues/allergies, glasses, etc worn)

Signature of parent / person with parent responsibility:

School Staff Signature: Fulwell Infant School Academy Date:

A copy of this form will be retained by the school