



Please use block capitals and black ink when completing the form.

First name(s)	Middle name(s)	Preferred Surname	Legal Surname
Date of Birth		Gender.	
Current Address.			
Please notify school if this information changes.			
	Postcode		
Family Circumstances			
(Who lives in the family home, their name and relationship to the child)			
Contact details for Parents/ Carers		Contact details for Parents/ Carers	
Please give your full name		Please give your full name	
Name:		Name:	
Home Number:		Home Number:	
Work Number:		Work Number:	
Mobile:		Mobile:	
Email:		Email:	
Parental responsibility: Please give the name of who has parental responsibility for your child.			
Name		Relationship to child	
Name		Relationship to child	
Other Emergency contacts: Please fill in details of who you give permission to collect your child from school at the end of the day or in an emergency. If there is a change to this you must inform us before home time on the day as we cannot allow a child to go with an authorised person. The authorised person must be over 16 years of age. If your child is unwell we will call the Parents/Carers first and then others on the list as it can be distressing for a child if we cannot contact someone during the day.			
Name of authorised person.	Relationship to child	Contact Telephone Number	
Does your child have a sibling in school (Please list the name(s) of the sibling(s))		Yes/No	

Does the child have a Statement of Special Educational Needs (SEN). If yes, from what date?	Yes/No
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Is your child a Looked After Child (LAC) by a Local Authority? If yes, which Local Authority looks after your child?	Yes / No Authority name: Social Worker:
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Doctors name and address/ phone number	
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Medical information	Does your child suffer from any of the following? Please tick all that apply.
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Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> Eczema Yes <input type="checkbox"/> No <input type="checkbox"/> Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/> Fainting /Blackouts Yes <input type="checkbox"/> No <input type="checkbox"/> Food allergy Yes <input type="checkbox"/> No <input type="checkbox"/> Speech difficulty Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing difficulty Yes <input type="checkbox"/> No <input type="checkbox"/> Wears glasses Yes <input type="checkbox"/> No <input type="checkbox"/> Regular hospital treatment Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other information you think would be helpful:
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Is there any other information that we should know that would affect your child's ability to take part in any school activity? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes :	
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Previous schools attended, address and telephone number	
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Preferences for nursery applications only

Please ensure you are aware of the provision offered at our school before you apply. Whilst there is no guarantee that we can offer you the provision you request, we still need to know what you would prefer. Please tick the box for your most preferred option

5 morning sessions from 8.45am until 12.45pm	
5 afternoon sessions from 12.15pm until 3.15pm	
30 Hours. A code needs to be provided before a place will be offered.	
No preference	

Supplementary Details

Which playgroup does your child attend?	
Which school is your child registered to attend?	
Please list any other nursery settings applied for	

Signature

I confirm that the information I have given on this form is correct to the best of my knowledge. I understand that if I have given false information you may withdraw the Nursery place that I have been offered.

Signature		Date	
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Please provide a copy of your child's birth certificate with this admission form

Return to: Rowlands Gill Primary School, Dominies Close, Rowlands Gill, NE39 2PP