



**Exceed to Succeed**

## HAVELOCK PRIMARY SCHOOL

### APPLICATION FORM FOR NURSERY ADMISSION

Please complete all sections in **BLOCK CAPITALS** and return to the school office with:

- A copy of your child's birth certificate or passport.

#### CHILD INFORMATION

<b>First Name:</b>	<b>Middle Name:</b>	<b>Surname:</b>
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<b>Date of Birth:</b>	<i>day</i>	<i>month</i>	<i>year</i>	<b>Gender</b>	<b>Male / Female</b>
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<b>Home Address</b>	
<b>Post code</b>	
<b>Home Phone</b>	
<b>Mobile</b>	
<b>Home Language</b>	

<b>Child's Country of Birth</b>	
<b>Child's Nationality</b>	
<b>Date of arrival in UK</b>	

### PROFICIENCY IN ENGLISH

(Please tick the box that best describes your child)

<b>A</b>	<b>New to English</b>
<b>B</b>	<b>Early Acquisition</b>
<b>C</b>	<b>Developing Competence</b>
<b>D</b>	<b>Competent</b>
<b>E</b>	<b>Fluent</b>
<b>N</b>	<b>Not yet assessed</b>

### PARENTS AND CARERS INFORMATION

<b>Mother's First Name:</b>	<b>Mother's Last Name:</b>
<b>Address:</b>	<b>Mobile:</b>
<b>Date of birth :</b>	<b>National Insurance no:</b>

<b>Father's First Name:</b>	<b>Father's Last Name:</b>
<b>Address:</b>	<b>Mobile:</b>
<b>Date of birth:</b>	<b>National Insurance no:</b>

**NAMES OF PERSON (S) COLLECTING THE CHILD**


**EMERGENCY CONTACTS**

<b>First Name</b>	<b>Last Name</b>	<b>How they are related to the child</b>	<b>Phone Number</b>

## PREVIOUS NURSERY IN THE UK AND ABROAD

Name of Nursery	Nursery Start date	Nursery End date	Age	Language used

## SIBLING INFORMATION

Brothers / Sisters Name(s)	Date of Birth	School Attended or Attending

## Toilet and Immunisation Information

Is your child confident going to the toilet?	
Please give up to date Immunisation information	

<p>Does your child have special educational needs?</p> <p>Children have special educational needs if they have a learning difficulty or disability.</p> <p>If you think your child has special educational needs please tick the relevant box that best describes your child's special needs.</p>	<input type="checkbox"/> Physical medical needs
	<input type="checkbox"/> Speech, Language and communication
	<input type="checkbox"/> Emotional / Behavioural Disorders
	<input type="checkbox"/> Learning Difficulties or Disabilities

<p>As a nursery school is there anything else we need to know about your child. This information will/would be very useful to us.</p>	
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### MEDICAL INFORMATION

<i>Medical Practice Name</i>	<i>Address</i>	<i>Phone Number</i>
<p><b>Medical Conditions / History</b></p> <p><b>Any Allergies</b></p>	<p><b><u>Dietary Needs:</u></b></p> <p><b>Vegetarian</b></p> <p><b>Non - Vegetarian</b></p>	

**ETHNICITY / CULTURAL**

<b>Ethnicity (please tick one box):</b>	<b>ASIAN OR ASIAN BRITISH</b>	Asian African	<input type="checkbox"/>
		Asian Bangladeshi	<input type="checkbox"/>
		Asian Indian	<input type="checkbox"/>
		Asian Other	<input type="checkbox"/>
		Asian and any other Asian background	<input type="checkbox"/>
		Asian Pakistani	<input type="checkbox"/>
	<b>BLACK OR BLACK BRITISH</b>	Black African Other	<input type="checkbox"/>
		Black Caribbean	<input type="checkbox"/>
		Black Ghanaian	<input type="checkbox"/>
		Black Nigerian	<input type="checkbox"/>
		Black Other Background	<input type="checkbox"/>
		Black Somalian	<input type="checkbox"/>
		Black Other Background	<input type="checkbox"/>
	<b>MIXED/DUAL BACKGROUND</b>	Mixed Other Background	<input type="checkbox"/>
		Mixed White & Asian	<input type="checkbox"/>
		Mixed White & Black African	<input type="checkbox"/>
		Mixed White & Black Caribbean	<input type="checkbox"/>
	<b>WHITE/ OTHER WHITE BACKGROUND</b>	White and Black Caribbean	<input type="checkbox"/>
		White and Black African	<input type="checkbox"/>
		White and Asian	<input type="checkbox"/>
		White Eastern European /Irish	<input type="checkbox"/>
		White Irish	<input type="checkbox"/>
		White Traveller of Irish Heritage	<input type="checkbox"/>
		White Other	<input type="checkbox"/>
		White Gypsy/Roma	<input type="checkbox"/>
		White Western European	<input type="checkbox"/>
	<b>ANY OTHER ETHNIC GROUP</b>	Afghan	<input type="checkbox"/>
		Arab other	<input type="checkbox"/>
		Iranian	<input type="checkbox"/>
		Iraq	<input type="checkbox"/>
	Japanese	<input type="checkbox"/>	
	Latin,South. Central America	<input type="checkbox"/>	
	Any other ethnic group	<input type="checkbox"/>	
<b>REFUSED</b>		<input type="checkbox"/>	

<b>RELIGION</b>	
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**I / We confirm that the information provided is correct and I / We shall notify the school promptly of any changes.**

**Documents attached:**

**Child's Birth Certificate or Passport**

<b>Signed</b>	
<b>Date</b>	

**Office use only :**

<b>Admission date:</b>	<b>Teacher's name:</b>	<b>Admission No:</b>
	<b>Year Group:</b>	<b>UPN:</b>

<b>Admission Form processed by :</b>	
<b>Previous school contacted and date:</b>	
<b>Person you have spoken to:</b>	
<b>Have you requested for all the school files and CTF</b>	<b>YES / NO</b>
<b>Follow up: (If necessary)</b>	