

Stocksbridge Nursery Infant School Pot House Lane Sheffield S36 1EJ E-mail: enquir

Fax: 0114 2830204 E-mail: enquiries@stocksbridge-nur.sheffield.sch.uk

Tel: 0114 2883109

Website: www.stocksbridgenursery.co.uk

ADMISSIONS FORM

Child name:	
Birth Certificate seen by staff member, signed:	Date:
Gender: Male: ☐ Female: ☐ (please tick app Home language(s)	
Is the child a refugee or asylum seeker? Yes: \(\square\) No:	☐ (please tick appropriate box)
Name and Address of Child and Primary Parent/Carer	
Name of Parent/Carer: Relationship to child: Date of birth	e number
Address:	
Post Code: Home telephone number: Mobile telephone number: E mail address Occupation. Work address. Work telephone number:	
Name and Address of 2nd parent/carer (including those of but has parental responsibility i.e named on birth certifications)	
Name of Parent/Carer:	e number
Address:	
Post Code: Home Telephone Number: Mobile Telephone Number: E mail address Occupation. Work address.	

Emergency Contact De	<u>etails</u>	Emergency Contact Details		
Name:		Name:		
Relationship to Child:		Relationship to Child:		
Telephone Number:		Telephone Number:		
Name and DOB of significant adult/s who live or visit the family home				
Name of Significant Adult:				
Name of Significant Adult:				
People (over the age of 16) with permission to collect your child:				
Name: Name:				
Relationship to Child: Relationship to Child:				
family situations, restrict	ions on collecting etc	should know abut in order to help your child e.g.		
Does or did your child attend any of the following?				
Setting Type	Setting Name, Location, P	hone Number and Period of Attendance		
Playgroup				
Childminder				
Private Day Nursery				
Any Other Early Years Provision				
Immunisations (please	tick appropriate boxes)			
Are injections up to date including whooping cough and measles				
Does your child have any allergies, medical conditions, taking prescribed medication, disability, behaviour, special dietary need, religious or personal needs, vision, aural or speech problems etc.				

Other Agencies

Agency/Professional	Name	Address	Phone Number			
GP/Medical Centre						
Health Visitor						
Dentist						
Other Agency						
3,						
Other Agency						
outer rigority						
Does your child have Special Needs? Yes: ☐ No:☐ (please tick appropriate box) Diagnosed?						
•						
Travel Arrangements to sch	lool (please tick appr	opriate box)				
Car	П					
Bus						
Walk						
Other						
This form is designed to help us to provide the best of care for your child. If and when necessary we may share this information with others to help and support your child and their development e.g. with the health visitor, with the next school etc. Please discuss with a member of staff if you have any concerns.						
Do you wish your child to continue into main school?						
	ipt of your letter from	tee a place in Reception. An App the local authority; the application				
Parent/Carers Signatur (NB – this form can only be signatur		h Parental Responsibility*)				
Signed:						
Print Name:						
Date:						
*Devented Deep : hilliter						
*Parental Responsibility						

This is defined in law as being all the rights, duties, powers and responsibilities and authority, which by law a parent of a child has in relation to the child and his/her property. Parents with parental responsibility include the following:

- The child's mother
- The child's natural father if the parents were married at the time the child was born or who has subsequently married the mother during the child's minority
- The father if the parents were not married at the time of the child's birth, but only
 - Through a court order
 - By agreement with the mother under a prescribed form of agreement under the Children Act (not just any form of agreement)
 - > By acquisition of parental responsibility by being registered or re-registered as the child's father on the birth certificate

This information will be held by use in compliance with the Data Protection Act 1998 for the safeguarding of the children in our school. It may be passed on to other bodies e.g. the Local Authority, Ofsted other appropriate agencies, as require to fulfil our obligation under our Ofsted regulations.

- A person who has been granted a residence order by the court for the duration of that order
- The child's appointed guardian or the child's adoptive parents.
- A local authority if the child is in care.
- Anyone else granted parental responsibility under a court order.

Please inform us of any changes to details or of Parental Responsibility to your child.