

# Horndale County Infants and Nursery School Admission Form



## Child's details

Child's First Name (s):

Child's Surname:

Child's Permanent Home Address:

Child's Date of Birth  
*(Please bring in your child's birth certificate)*

Gender (Girl or Boy)

## Parent / Carer details

Mother's First Name:

Mother's Surname:

Mother's Home Address *if different to above:*

Telephone Number:

Do you have parental responsibility?

YES / NO

*If no, please give details of who does:*

Father's First Name:

Father's Surname:

Father's Home Address *if different to above:*

Telephone Number:

Do you have parental responsibility?

YES / NO

*If no, please give details of who does:*

## Emergency contact details

First Name:

Surname:

Relationship to child:

Telephone No.

Address, including postcode:

First Name:

Surname:

Relationship to child:

Telephone No.

Address, including postcode:

Please turn page over and complete details on reverse

**Name and Address of child's Doctor**

Any health issues, e.g. asthma, allergies, etc

Any medication regularly taken by your child

Does your child have special dietary needs? If yes, what?

**Name, address and telephone number (if known) of previous school or nursery attended:**

**Mode of travel to school (please tick only one):**

- bus                       car share                       car
- cycle                       taxi                       train                       walk

**Ethnic Origin**

*Please tick to indicate your child's ethnic origin from the selection below:*

- Any other Asian background
- Any other black background
- Any other ethnic group
- Any other mixed background
- Any other white background
- Bangladeshi
- Black African
- Black Caribbean
- Chinese
- Gypsy/Roma
- Indian
- Pakistani
- Traveler of Irish Heritage
- White British
- White Irish
- White and Asian
- White and Black African
- White and Black Caribbean

**Child's First Language:** .....

**Country of Birth:** .....

*Please tick to indicate your reply below:*

**English as an Additional Language**                       YES                       NO

**Child's National Identity:**

- English     Welsh     Scottish     Irish     British     Other

**Religion:**

- Christian     Buddhist     Hindu     Jewish     Muslim
- Sikh                       No Religion     Other Religion

**Medical consent:**

You consent, that if required, your child can receive first aid as necessary in school from a suitably qualified person.

In the event of your child having an accident or becoming ill at school and their condition deteriorating, the school will contact the emergency services, then yourself and then any other named emergency contact.

Name:

Signed:

Date:

From time to time in school we take photographs of your child for various reasons, i.e. for classroom displays, newspaper, social media and school website articles, and we also record some events which are then either given to parents as a memento or put on sale for parents to buy, such as the Christmas concert. You consent that your child's photographic image can be used appropriately by the school.

Name:

Signed:

Date:

For School Use:

Admission date:

Class:

Birth Certificate seen: