



High aspirations - Valuing learning – Achievement for all

Pre-school Admission Form

Pupil home information:

First name: Surname:
Middle name(s): Date of birth: Gender (M/F):
Address: Postcode:
Email address(es): Phone number(s):
Name of parent(s) in this home address:

Is your child 'looked after' by the Local Authority, adopted having previously been 'looked after' or subject to a 'child arrangements' or special guardianship order? (Please circle) Yes / No

Additional parent information:

Please give contact information for any other person having 'Parental rights':
Name: Relationship to the child:
Home address:
Postcode: Phone number:

Emergency contact details:

Table with 5 columns: Forename, Surname, Relationship to child, Phone number, Is this work/home/other? and 3 rows for emergency contacts.

Medical information / Special Educational Needs:

Name of GP practice:
Address of GP practice:
Postcode: Phone number:

Does your child have any allergies? Please include allergies to medication. Yes / No
If Yes, please specify:.....

Does your child have special educational needs, disabilities or a medical condition? If Yes, please detail briefly on this form and ensure we meet with you to discuss this further. Yes / No

Siblings:

Is there a sibling currently in school or a sibling with a confirmed place for September? **Yes / No**

Please name:

Pre-school / Nursery attendance:

Has your child ever attended another provision? (Pre-school, nursery or childminder) **Yes / No**

If Yes, please specify. Name of provision:Contact no:

Will your child be attending another provision at the same time as our Pre-school? **Yes / No**

If Yes, please specify. Name of provision:

Contact no: Number of hours per week:

Please specify whether the attendance at this other provision is: **Term-time Only / All Year**

Ethnicity: Please tick

- | | | |
|---|--|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Turkish/Turkish Cypriot | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Other White | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Traveller – Irish heritage | <input type="checkbox"/> White Eastern European | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> White Western European | <input type="checkbox"/> African |
| <input type="checkbox"/> Bosnian-Herzegovinian | <input type="checkbox"/> Gypsy / Roma | <input type="checkbox"/> Other Black background |
| <input type="checkbox"/> Croatia | | |
| <input type="checkbox"/> Greek | <input type="checkbox"/> White/ Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Kosovan | <input type="checkbox"/> White/ Black African | <input type="checkbox"/> Other Ethnic Group |
| <input type="checkbox"/> Serbian | <input type="checkbox"/> White/Asian | |
| | <input type="checkbox"/> Other Mixed background | |
| | | |

Home language: Please tick

- | | | |
|----------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> Hindi | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> French | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> German | <input type="checkbox"/> Polish | <input type="checkbox"/> Other |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Portuguese | |

Religion: Please tick

- | | | |
|------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh | |

Parental consent:

I give permission for school related photographs and videos of my child to be used for:

- School's website and social media accounts e.g. Twitter **Yes / No**
- Local media such as newspapers and television news reports **Yes / No**

Signed:

Name: Date:

Please refer to the Pupil Privacy Notice for further guidance on the Cabot Learning Federation's compliance with General Data Protection Regulation.



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Pre-school Booking Form

Please complete the Pre-school Admission Form in conjunction with this booking form as it provides us with details to ensure the Admissions Policy is adhered to.

Should you want to use the child care voucher system, you will need to notify us on this form or at a later date.

If you require more than 15 hours, you can either use 30 hour Government entitlement or pay privately.

Costs:

Per 3-hour session: £14.40

Lunch:

Children staying in the **morning** or **all day** will either need to bring in a packed lunch or purchase a school meal. Lunchtime is 11:30am – 12:00pm. The cost of a school meal is £2.40.

Session request:

Please tick below which sessions you require.

	Morning session 9:00am-12:00pm	Afternoon session 12:00pm– 3:00pm	Total hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Child care vouchers:

Name of company:

If you are eligible for 30 hour funding please indicate: (Please circle) **Yes / No**

Your 30 hour code:	5	0										
Your National Insurance number:												

Pupil & Parent details

Pupil Name:

Parents' Name:

Parental signature: Date: