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Joseph Turner Primary School

**Nursery Admission Form**

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|  Please tick preference of which session you would like your child to attend:  Morning Afternoon   |
| Child’s first name :  | Child’s last name:  | Date of Birth: |  Male  Female |

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| --- | --- |
| Is your child known by another name |  |
| Name of adult withparental responsibility: |  |
| Relationship to child: |  |
| Your Home Address |  |
| Does your child live with you at this address? |   Yes No  |
| If “No” please provide address of where your child lives: |  |
| Name of person child lives with: |   | Relationship to Child: |
| Telephone number |  Home: |
|  Mobile: |
|  Work: |
| Email Address |  |
| Are you making this application on medical grounds? |  Yes No  |
| Does your child have an Education Health Care Plan? |   Yes No  | Do you consider your child to have a disability? |   Yes No  |
|  Please give more details below: Please give details of any other agencies (E.g. Social, Inclusion and Health) involved: |

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| --- | --- |
| Is your child an asylum seeker/refugee? |  Yes No  |
| If you have arrived in Britain within the last 3 years please state month and year of entry. Please include a copy of your child’s passport and visa.  |  Month Year  |
| Is your child in public care (looked after by the Local Authority)? | Yes No  |
| Does your child have a brother or sister at Joseph Turner Primary? | Yes No  |
| If so, what is their name and class:Name: Class:  |
| Has your child attended any other Early Years or Childcare Provison? If “Yes” please provide details of provider and dates when the provision was provided.  | Yes No   Provider: From To  |

#  Parent/Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent’Guardian’s signature:

# Date:

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| **General Data Protection Regulations (GDPR) 2018****The information that you supply on this form is regarded as confidential and will be processed in line with the school's Privacy Notice which can be found on the school's website.** |

**FOR OFFICE USE ONLY**

**Place offered in AM PM**