

APPLICATION FOR ADMISSION

If this is an application for a Nursery place, please indicate if you would like you child to be offered a 15 hour place (universal entitlement), or a 30 hour place (extended entitlement)

15 hour place- Half day Nursery (8.45am – 11.45am) 30 hour place- Full day Nursery (8.45am – 3.15pm)

PUPIL DETAILS

Forename:	_____
Middle Name:	_____
Surname:	_____
Preferred Name:	_____
Date of Birth:	_____
Age as of Today: (Years and months)	_____ Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/> Other _____

ADDRESS DETAILS

House/Flat Number:	_____
Street:	_____
Town:	_____
City	_____ Postcode: _____

PARENT DETAILS

MOTHER		FATHER	
Full Name:	_____	Full Name:	_____
Address:	_____ _____ _____	Address:	_____ _____ _____
Email:	_____	Email:	_____
Telephone Numbers	Main No.	Main No.	
Home	_____ <input type="checkbox"/>	Home	_____ <input type="checkbox"/>
Mobile	_____ <input type="checkbox"/>	Mobile	_____ <input type="checkbox"/>
Work	_____ <input type="checkbox"/>	Work	_____ <input type="checkbox"/>

Please tick the box to indicate the main contact number for each of the parents

OTHER CONTACTS

In the event we need to contact someone, i.e. child is unwell etc, we need other contact information. Please fill in the details of other relatives/friends/neighbours that may be able to collect your child in case of emergency. You are also asked to order all contact personnel in order of priority, i.e who should the school call first in case of emergency, the priority list should include parents.

OTHER CONTACT 1

Full Name: _____

Relationship to Child _____

Address: _____

Email: _____

Telephone Numbers

Home _____

Mobile _____

Work _____

Main No.

Please X the box to indicate the main contact number for each of the other contacts

OTHER CONTACT 2

Full Name: _____

Relationship to Child _____

Address: _____

Email _____

Main No.

Home _____

Mobile _____

Work _____

CONTACT PRIORITY ORDER

Please place all contacts in order of priority. i.e what order should school contact people in?

1) _____ 3) _____

2) _____ 4) _____

PREVIOUS SCHOOL(S) OR NURSERY (if applicable)

Name of School _____ Name of School _____

Town/Borough _____ Town/Borough _____

Date Left _____ Date Left _____

SIBLING INFORMATION

Do you have any other children of Nursery or Primary School Age i.e 3+ years of age? Yes No

Name Age Current School (if Applicable)

_____ Yes No

_____ Yes No

_____ Yes No

_____ Yes No

MEDICAL

GP Details

Medical Centre Name _____

Address _____

Telephone Number _____

Pupil NHS Number _____

Medical Conditions

- Does your child have any of the following medical conditions? Please **X** all that apply

Asthma Yes No

Hayfever Yes No

Eczema Yes No

Diabetes Yes No

Epilepsy Yes No

- Does your child have any other known medical conditions?

Yes No

If yes, please state _____

- Is your child on regular medication from the doctor?

Yes No

If yes, please state _____

- Does your child have any allergies?

Yes No

If yes, please state _____

- Does your child have an EpiPen or Asthma Pump?

Yes No

If yes, please state _____

- Has your child ever had any hospital treatment

Yes No

If yes, please state _____

- Has your child had any major injuries in the past?

Yes No

If yes, please state _____

- Has your child ever had febrile convulsions

Yes No

If yes, please state _____

- Does your child have a sensory or mobility impairment?

Yes No

If yes, please state _____

Additional Medical Comments

DIETARY NEEDS

ALLERGIES

Please **X** all that apply

Nut Allergy- No nuts of any type/quantity

Wheat/Gluten Allergy

Dairy Allergy- No dairy produce

Seafood Allergy

Artificial Colouring Allergy

Other- Please Specify _____

DIETARY REQUIREMENTS

Please tick all that apply

Vegetarian

Halal

Kosher foods only

No Pork

No Beef

Other- Please Specify _____

ETHNICITY

The DfE request that all schools collect ethnic and cultural information for all children that are admitted to the school.

Please state the ethnic origin and Religion of your child

Please **X** the one ethnicity that best matches your child:

(Please Specify)

<input type="checkbox"/> Afghan	<input type="checkbox"/> Greek/Cypriot	<input type="checkbox"/> White-British	<input type="checkbox"/> Any other Black Background	_____
<input type="checkbox"/> African Asian	<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> White- English	<input type="checkbox"/> Any other Asian Background	_____
<input type="checkbox"/> Albanian	<input type="checkbox"/> Indian	<input type="checkbox"/> White- Irish	<input type="checkbox"/> Other African	_____
<input type="checkbox"/> Arab	<input type="checkbox"/> Iranian	<input type="checkbox"/> White- Irish Traveller	<input type="checkbox"/> Other Asian	_____
<input type="checkbox"/> Arab Other	<input type="checkbox"/> Iraqi	<input type="checkbox"/> White Northern Irish	<input type="checkbox"/> Other Chinese	_____
<input type="checkbox"/> Asian- British	<input type="checkbox"/> Japanese	<input type="checkbox"/> White Scottish	<input type="checkbox"/> Other European	_____
<input type="checkbox"/> Asian & Black	<input type="checkbox"/> Kosovan	<input type="checkbox"/> White Welsh	<input type="checkbox"/> Other Ethnic Group	_____
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Kurdish	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other Pakistan	_____
<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Latin/South/Central/ American	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Any other Mixed Background	_____
<input type="checkbox"/> Black- British	<input type="checkbox"/> Lebanese	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Black-African	_____
<input type="checkbox"/> Black European	<input type="checkbox"/> Libyan	<input type="checkbox"/> White European	<input type="checkbox"/> Black & Other Ethnic Group	_____
<input type="checkbox"/> Black Somali	<input type="checkbox"/> Pakistan	<input type="checkbox"/> White Eastern European	<input type="checkbox"/> Other Black	_____
<input type="checkbox"/> Chinese	<input type="checkbox"/> Turkish	<input type="checkbox"/> White Western European	<input type="checkbox"/> White & Any Other Asian	_____
<input type="checkbox"/> Egyptian	<input type="checkbox"/> Yemeni	<input type="checkbox"/> White Other	<input type="checkbox"/> White & Any Other Ethnic Group	_____

RELIGION

Please **X** that which applies:

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu	<input type="checkbox"/> No Religion
<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Other Religion (Please Specify) _____

LANGUAGE

What Language is spoken at home?

Is English your child's second language
Yes No

NATIONAL IDENTITY

Please **X** that which applies:

<input type="checkbox"/> British	<input type="checkbox"/> Welsh	<input type="checkbox"/> Scottish
<input type="checkbox"/> English	<input type="checkbox"/> Irish	<input type="checkbox"/> Other
<input type="checkbox"/> I would rather not say		

COUNTY OF BIRTH

Country of Birth (Only required if not born in the UK)

Date of arrival in the UK

IDENTIFICATION CHECK

Please **X** the form of identification you will be providing for your child (One required)

<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> ID Card	<input type="checkbox"/> Other (Please Specify) _____
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TRAVEL ARRANGEMENTS

Please **X** that which applies:

My child will come to school by bus

My child will walk to school

My child will come to school by bus

Other

LOCAL VISITS PERMISSIONS

As part of the Early Years (Nursery and Reception) Curriculum, from time to time the children will go on short walks and visits around the local area. Examples of these visits could include: a walk to the bus stop walking to the post box etc

These will always be very short trips, on safe, quiet, mainly residential roads, will not involve using transport, and the children will be fully supervised by school staff at all times.

You will always be informed about individual trips in advance and have the right to withdraw your consent, for individual trips or the year as a whole, at any time.

I give permission for my child to take part in visits in the local area

I DO NOT give permission for my child to take part in visits in the local area

PRIVACY NOTICE

Available on our website is the Privacy Notice explaining how and why we collect personal data and the legal basis for the data collection. It also explains who and why we share personal information. The Privacy Notice can be found at [Brentside Primary Academy - Data Protection \(GDPR\)](#). A copy of the Privacy Notice can be requested from the School Office. Our Data Protection Policy is also available on the website.

PHOTOGRAPHY CONSENT

Under the General Data Protection Regulations (GDPR) consent conditions have been strengthened.

Annual school pictures are taken by an outside company, they can only use the images as agreed to in the contract with the school for taking the photographs. Other photographs and videos are taken by staff members throughout the year during events or activities inside the school and during school trips and visits.

The school has a website that we display images of pupils on, the school newsletter is also published on the school website. [Brentside Primary Academy - Home](#). No names of pupils are included on the website without parental permission for a each article or event.

We also have a school Facebook Page to keep parents informed about events that have taken place. No names of pupils are included on the school Facebook Page. <https://www.facebook.com/share/1AsQXw1Xmk/>

Photographs and videos of pupils are used in a number of ways at Brentside Primary Academy, please indicate below which options you are happy for the school to use images and videos of your child for:-

Yes

No

Internal Use- I consent to my child's image being displayed on school certificates and use in art work

Internal Use- I consent to my child's image being displayed and shown within the school building

External Use- I consent to my child's image being used in the School Prospectus or other policy documents

External Use- I consent to my child's image being displayed in the school newsletter

External Use- I consent to my child's image being displayed on the school website

External Use- I consent to my child's image being displayed on the school's Facebook page

FREE SCHOOL MEALS/PUPIL PREMIUM FUNDING/EYPP FUNDING

Pupil Premium & Early Years Pupil Premium (EYPP) is additional funding from the government to provide support to eligible pupils of all abilities & to ensure that all pupils are offered the same opportunities. Successful applications provide the additional funding to the school, which enables us to offer discounted or free trips & workshops arranged by the school, free school meals & access to further resources.

Your child is entitled to Pupil Premium if you are receiving any one of the following, please tick the item(s) you are receiving:-

- Universal Credit with an annual net earned income of no more than £7,400.
- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Support under Part 6 of the Immigration and Asylum Act 1999
- The guarantee element of Pension Credit
- Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit)
- Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190

In addition to the parental information you have completed on the first page of this form, in order to check your child's eligibility for Pupil Premium Funding or EYPP, we will need to following details from each parent (we do not need this information if you do not wish for us to check your child's eligibility for additional funding):-

Mother

Date of Birth _____

NI Number or NASS _____

Father

Date of Birth _____

NI Number or NASS _____

ANY OTHER COMMENTS/INFORMATION YOU WOULD LIKE THE SCHOOL TO KNOW?

REASON FOR APPLYING TO BRENTSIDE PRIMARY ACADEMY?

SIGNATURE OF PARENT/GUARDIAN

Signature _____	Date _____
Print Name _____	