

All Saints Catholic Primary School Chesnut Grove, Bootle L20 4LX 0151 257 5566

Application for Admission to Nursery

Full legal name of Child:			
Preferred name of Child:			
Date of Birth:			
Home Address:			
Postcode: (essential)			
Full name of Mother			
or Carer 1:			
Date of Birth of Mother			
or Carer 1:			
National Insurance Number of Mother or Carer 1			
Address:			
Address:			
Postcode: (essential)			
Telephone Numbers:	Home:	Mobile:	Work:
Email Address:			
Full name of Father			
or Carer 2:			
Date of Birth of Father			
or Carer 2:			
National Insurance Number			
of Father or Carer 2:			
Address:			
Postcode: (essential)			
Telephone Numbers:	Home:	Mobile:	Work:
Email Address:			
*Please note: Parent/Carer DOBs and	l d NI numbers are used b	by the school to obtain Early Years and	d Pupil Premium funding for your child
Religion of Child			
Date & place of Baptism			
Name & Date of Birth of any			
brothers & sisters of child			
Previous Playgroup(s)			
attended with address:			
Previous Nursery(ies)			
attended with address:			

^{*}Please note: Admission to our school nursery does not guarantee a place in reception class. In the event of over subscription, our school's admission criteria will be used to determine admission.

Consent

At All Saints, we use information about your child in a number of different ways, and we'd like your consent for some of the ways we use this personal data, these out in more detail below.

If you're not happy for us to use information in the ways we list below, that's no problem - we will accommodate your preferences.

Similarly, if you change your mind at any time, you can let us know by emailing finance.allsaints@schools.sefton.gov.uk, calling the school on 0151 257 5566, or just popping in to the school office.

If you have any other questions, please get in touch.

We sometimes take photographs of pupils. We use these photos to help us to give people an idea of what life at our school is like, for example in the newsletter and on the school website. Additional consent is needed e.g. for emergencies / first aid consent.

Please tick the relevant boxes:	Tick (√)
Data Exchange for example, when your child moves to high school we will send their records on to the new setting or we will share information with health professionals for the purpose of contacting you regarding health initiatives such as immunization. High schools may also request your details to send out marketing relevant to your child such as open days for Year 6.	
I am happy for my child to attend educational school visits, this includes walking in the local area, travelling by coach, school minibus or in staff vehicles. The school will inform you of any school visits that are taking place throughout the year.	
I am happy for my child to use the internet in school. This can be to use educational websites or for research purposes. All internet use is monitored and website access is filtered.	
I am happy for the school to take photos of my child.	
I am happy for the school to take videos of my child.	
OR I am NOT happy for the school to take or use photos or videos of my child.	
I am happy for photos of my child to be used for progress tracking, for example early years online tracking available for school staff and parents to view with a secure login and password.	
I am happy for the school to display my child's work.	
I am happy for photos of my child to be used in the media, for example local newspapers.	
I am happy for photos of my child to be used in printed school materials, for example, the school prospectus.	
I am happy for photos of my child to be used in internal displays.	
I am happy for photos of my child to be used in the school newsletter.	
I am happy for photos of my child to be used on social media, for example Twitter.	
I am happy for my child to receive first aid should they need it in school. Any treatment given will be recorded and copy will be sent home. In the event of serious injury or illness the school will contact you immediately and act on your behalf until medical help arrives.	

I am happy for the sch website.	iool to use videos of my	child for promotional p	urposes, such as on the	school
I am happy for photos channel).	of my child to be used	on the school website (v	which includes our schoo	ol YouTube
Jursery Dinner Pat		va hat dimpova (UD) / pag	alcod lumph (DI) for oach	da
Monday	Tuesday	re hot dinners (HD) / pac	Thursday	riday
HD / PL	HD / PL		HD / PL	HD / PL
onsent for Pupil College lease list the names and		of any <u>adults</u> you conse	ent to collecting your chil	d below.
am happy for my chil				
аттарру јог ту ст	a to be concered by.			
**Please	note your child wi	ill not be allowed t	o leave with anyor	ne who is
	-	r responsibility to l	-	
		sopensionity to i	יין אף זכוו פוויי קבביי	
aild's name:				
ıııa s name:				
	11		Data	
gnature of Parent/Gu	ardian:		יםזכוו	

Medical Overview

Name of child:					
Does your child have any medical condition(s) which school need to be aware of? Please give details:					
Does your child require any inhalers or prescribe	ed medication to be kept in school? Please list:				
Does your child have any allergies which we nee	d to be aware of? (<i>For example: grass, nuts etc.</i>) Please list:				
Does your child have any dietary requirements?	Please list:				
Does your child wear glasses? If yes, please give	details of when the glasses should be worn:				
Do you give consent for your child to have First A	Aid administered during school time? Please tick: Yes No				
Does your child have any allergies to first aid equ	uipment? (For example: plasters, antiseptic wipes etc.) Please list:				
	the school will always make every effort to contact parents on the do you give permission for the school take the necessary action m a doctor etc.? Please tick: Yes \square No \square				
Doctor's name:					
Address:					
Postcode:					
Emergency contacts (other than parents):					
Name:	Name:				
Address:	Address:				
Postcode:	Postcode:				
Landline tel. no.:	Landline tel. no.:				
Mobile tel. no.:	Mobile tel. no.:				
Relationship to child:	Relationship to child:				
	·				
Signature of Parent/Guardian:	Date:				

Request for Ethnicity of Pupil

Please look at the lists below and $\underline{\text{tick one box}}$ to indicate the ethnic background of the named child.

Name of child:					
White		Mixed			
British Irish Traveller of Irish heritage Gypsy/ Roma Any other White background		White and black Caribbean White and black African White and Asian			
Asian or Asian British		Black or Black British			
Indian Pakistan Bangladeshi Any other Asian background		Caribbean African Any other black background			
Chinese		Any other ethnic background			
I do not wish an ethnic background category to be recorded					
Country of Birth:					
Date of Entry into UK:					
Child's First Language:					
Child's spoken level of English: Beg	inner / Intern	nediate / Fluent			
Parent's First Language:					
Parent's spoken level of English: Beginner / Intermediate / Fluent					
For Office Use Only:		Notes:			
Date Received:					
Year/Class:					

PUPIL PREMIUM

We need information about you and your child, to provide the best education and support by making sure we receive all the government funding to which we and your child are entitled. Please complete this form and return as soon as possible.

ABOUT YOUR CHILD/CHILDREN

Child's Last Name	Child's First Name	Child's Date of			Name of preschool, nursery, childminder
		Birth			
		D	M	Υ	
		D	M		

PARENT/GUARDIAN DETAILS

* Complete as appropriate

	Parent/Guardian 1	Parent/Guardian 2		
Last name				
First Name				
Date of Birth	Date / Month / Year	Date / Month / Year		
National Insurance Number*				
National Asylum Support Service (NASS) Number*		/ / /		
Daytime Telephone Number				
Mobile Number				
Address				
	Postcode:	Postcode:		

Signature of Parent/Guardian:	Date: