

Child's Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Certificate checked)

Child's Former Surname: \_\_\_\_\_ Child's Preferred name in Nursery \_\_\_\_\_

Address: \_\_\_\_\_ Post code \_\_\_\_\_

Parent/Guardian: Title \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Address (if different): \_\_\_\_\_ Post code \_\_\_\_\_

e-mail Address: \_\_\_\_\_

Parent/Guardian: Title \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Address (if different): \_\_\_\_\_ Post code \_\_\_\_\_

Ethnic Origin(eg. white/asian/mixed) \_\_\_\_\_ Religion \_\_\_\_\_ (eg.christian/Jewish etc)

Nationality \_\_\_\_\_ (eg. UK) Country of Birth \_\_\_\_\_ (eg. UK)

Transport used for your child to and from school (eg.walk, car, bus, taxi) \_\_\_\_\_

Has your child any other siblings at this school? Yes / No. If Yes, please give name(s) and Date(s) of Birth: \_\_\_\_\_

**Contact information: (eg. If a child is ill whilst in Nursery school time):**

Name (Mr/Mrs/Miss) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Postcode: \_\_\_\_\_ Telephone No \_\_\_\_\_

Name (Mr/Mrs/Miss) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Postcode: \_\_\_\_\_ Telephone No \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Address/Tel. No: \_\_\_\_\_

Consultant's Name: \_\_\_\_\_ Address/Tel. No: \_\_\_\_\_

Medical conditions: (eg.Asthma / medication taken) Allergies (eg medicine/stings/ nuts/animals fur/ foods)

Do you give permission for emergency medical advice or treatment been sought in your absence? Yes/No

Do you give permission for photos to be taken of your child to be used within school? Yes/No

Do you give permission for photos to be taken of your child to be used outside school? Yes/No

Do you give permission for your child to be taken on outings within the local environment? Yes/No

Special dietary arrangements: \_\_\_\_\_

Previous Nursery School: \_\_\_\_\_ Telephone \_\_\_\_\_

Preferred Nursery Sessions: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

00Will your child proceed to main School? Yes / No (✓) Do you live in the catchment area? Yes / No (✓)

Simpson's Lane Academy is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and the School Standards and Framework Act 1998. This data may be shared with the City of Wakefield Metropolitan District Council and other agencies that are involved in the health and welfare of school children.

Thank you for taking time to complete this form, please return this information to the main School Office. From time to time the school may ask you to check the records held, however, if any of the information changes at any time please notify the school.

Signed \_\_\_\_\_ Parent / Guardian Date \_\_\_\_\_