

Bracebridge Infant and Nursery School

NURSERY APPLICATION FORM



Child's Surname Date of Birth

Child's Full Christian Names

Address including postcode:

.....

.....

Mobile No Email:

Parent/Guardian Information

Parent(s) full name(s)

Relationship to pupil – Mother, Father, Parents, Step Parent, Guardian

Address if different from child

.....

I prefer my child to attend:- (please tick)

Five mornings per week (8.45am to 11.45pm)

Five afternoons per week (12.15pm to 3.15pm)

Whilst we will endeavour to allocate places according to parental choice, this may not always be possible due to the structure of the school.

Does your child have any special educational needs, an EHCP or is there any additional information that maybe relevant to your application: including details of any brothers or sisters that attend / have attended our school.

.....

.....

.....

.....

.....

.....

Country of Birth: _____

Nationality: _____

Does the child have a parent currently serving in the UK military? Yes / No

- Ethnicity (please tick)
- | | |
|---|--|
| <input type="checkbox"/> White: British | <input type="checkbox"/> Asian or Asian British: Indian |
| <input type="checkbox"/> White: Irish | <input type="checkbox"/> Asian or Asian British: Pakistani |
| <input type="checkbox"/> White: Traveller of Irish Heritage | <input type="checkbox"/> Asian or Asian British: Bangladeshi |
| <input type="checkbox"/> White: Other | <input type="checkbox"/> Asian or Asian British: Other |
| <input type="checkbox"/> White: Gypsy / Roma | <input type="checkbox"/> Black or Black British: Caribbean |
| <input type="checkbox"/> Mixed: White and Black Caribbean | <input type="checkbox"/> Black or Black British: African |
| <input type="checkbox"/> Mixed: White and Black African | <input type="checkbox"/> Black or Black British: Other |
| <input type="checkbox"/> Mixed: White and Asian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed: Other | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Any other ethnic group(please state) _____ | |

First Language English Other (please state) _____ Prefer not to say

Language Spoken at Home English Other (please state) _____ Prefer not to say

Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access)

Do you give permission for the school to call the doctor in an emergency? Yes No

Do you give permission for the school to administer first aid in an emergency? Yes No

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medicines, etc.)

Signed(Parent/Guardian) Date