

St Pauls Nursery School Application Form

Sims

Register

Contact Info

Start Date

IPNS

eStart

Date Application Completed..... Completed by.....

Child's First Name:	Child's Last Name:	Date of Birth:
		Male / Female
Child's Home Address:		
Postcode:		
Telephone Numbers: Home -	Email Address:	
Mobile -		
Work -		
Name of Parent/Carer with whom child lives:		
Date of Birth:		
Medical Conditions:	SEN:	
Allergies:	Other identified needs:	
Ethnic Origin (Please tick the category which best describes your child)		
Bangladeshi <input type="checkbox"/> Black- Somali <input type="checkbox"/> Black- Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/>	Other Black African <input type="checkbox"/> Traveller White Irish <input type="checkbox"/> White – British <input type="checkbox"/> White – Irish <input type="checkbox"/> White – Eastern European <input type="checkbox"/> White – Western European <input type="checkbox"/> White + Asian <input type="checkbox"/> Other Black African <input type="checkbox"/>	White + Black Caribbean <input type="checkbox"/> White + Black African <input type="checkbox"/> Any other Asian <input type="checkbox"/> Any other Black <input type="checkbox"/> Any other Ethnic Group <input type="checkbox"/> Any Other Mixed <input type="checkbox"/> Refused <input type="checkbox"/> White + Black Caribbean <input type="checkbox"/>

<p>Child's First Language Please tick</p> <p>Arabic <input type="checkbox"/></p> <p>English <input type="checkbox"/></p> <p>Panjabi <input type="checkbox"/></p> <p>Polish <input type="checkbox"/></p> <p>Somali <input type="checkbox"/></p> <p>Urdu <input type="checkbox"/></p> <p>Other (Please Specify) <input style="width: 100%;" type="text"/></p>	<p>Language mainly spoken at home</p> <hr/> <p>Do you speak English as well? Skip if English is language above</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>National Identity Please tick</p> <p>British <input type="checkbox"/></p> <p>English <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Scottish <input type="checkbox"/></p> <p>Welsh <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Refused <input type="checkbox"/></p>	<p>Are you a Refugee or Asylum Seeker?</p> <p style="text-align: center;">Refugee <input type="checkbox"/> Asylum Seeker <input type="checkbox"/></p> <p style="text-align: center;">Not applicable <input type="checkbox"/></p>
<p>What is your Religion? Please tick</p> <p style="text-align: right;">Buddhist <input type="checkbox"/></p> <p style="text-align: right;">Christian <input type="checkbox"/></p> <p style="text-align: right;">Hindu <input type="checkbox"/></p> <p style="text-align: right;">Jewish <input type="checkbox"/></p> <p style="text-align: right;">Muslim <input type="checkbox"/></p> <p style="text-align: right;">Rastafarian <input type="checkbox"/></p> <p style="text-align: right;">Sikh <input type="checkbox"/></p> <p style="text-align: right;">No religion <input type="checkbox"/></p> <p style="text-align: right;">Other Religion <input type="checkbox"/></p>	
<p>Access Needs: Do you need any help to access our school information?</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<p>Workless Households (tick the statement which you consider applies)</p> <p style="text-align: right;">Currently nobody in my household is working <input type="checkbox"/></p> <p style="text-align: right;">Somebody in my household is currently working <input type="checkbox"/></p>	

Parent's Signature:.....