

St Pauls Nursery School Application Form

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

Child's First Name:	Child's Last Name:	Date of Birth:
		Male / Female
Child's Home Address:		
Postcode:		
	Parent 1	Parent 2
Telephone Numbers: Mobile - Work – Home – Email Address:	Date of Birth:	Date of Birth:
Name of Parent/Carer with whom child lives:		
Have you had a child/children who have attend here in the past? If yes		
Name/s		
Date of Birth		
Medical Conditions:	Does your child have any additional needs? Is there anything else that you would like to tell us about your child or family	
Allergies:		
Would you prefer: OPTION A/OPTION B/30 Hours (please circle which you would prefer)		
OPTION A Monday 8.30am-2.45pm Tuesday 8.30am-2.45pm Wednesday 8.30am-11.15am	OPTION B Wednesday 12.15pm-2.45pm Thursday 8.30am-2.45pm Friday 8.30am-2.45pm	
30 Hours(eligibility applies – please ask at reception) 8.30am – 2.45pm Monday – Thursday 8.30am – 1.30pm Friday	Will you need any additional paid day care hours or holiday club?	

Ethnic Origin (Please tick the category which best describes your child)

Bangladeshi	<input type="checkbox"/>	Other Black African	<input type="checkbox"/>	White + Black African	<input type="checkbox"/>
Black- Somali	<input type="checkbox"/>	Traveller	<input type="checkbox"/>	Any other Asian	<input type="checkbox"/>
Black- Caribbean	<input type="checkbox"/>	White – British	<input type="checkbox"/>	Any other Black	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>	Any other Ethnic Group	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	White – Eastern European	<input type="checkbox"/>	Any Other Mixed	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White – Western European	<input type="checkbox"/>	Refused	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White + Asian	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>	White + Black Caribbean	<input type="checkbox"/>		

Child's First Language Please tick Arabic <input type="checkbox"/> English <input type="checkbox"/> Panjabi <input type="checkbox"/> Polish <input type="checkbox"/> Somali <input type="checkbox"/> Urdu <input type="checkbox"/> Other (Please Specify) <input type="text"/>	Language mainly spoken at home	
	Do you speak English as well? Skip if English is language above Yes <input type="checkbox"/> No <input type="checkbox"/>	

National Identity Please tick British <input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/> Refused <input type="checkbox"/>	Are you a Refugee or Asylum Seeker?	
	Refugee <input type="checkbox"/>	Asylum Seeker <input type="checkbox"/>
	Not applicable <input type="checkbox"/>	

What is your Religion? Please tick Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Rastafarian <input type="checkbox"/> Sikh <input type="checkbox"/> No religion <input type="checkbox"/> Other Religion (Please Specify) <input type="text"/>

Access Needs: Do you need any help to access our school information?

Workless Households (tick the statement which you consider applies)

Currently nobody in my household is working	<input type="checkbox"/>
Somebody in my household is currently working	<input type="checkbox"/>

Do you consent to receiving information about activities and up and coming events from St Pauls Nursery School and Children's Centre (*delete as appropriate) YES/NO*

Parent's Signature:.....

Office use only:

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Accepted

Start Date