



Redlands Robins Pre-School

Admission Form



This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 1998. Data on this form will be shared with the LA only where necessary.

SCHOOL USE ONLY

| | |
|----------------|--|
| Admission No. | |
| Admission Date | |
| Date Processed | |

Please print in the areas below

Please provide as much information as possible about your child

| | | |
|--------------------|----------------|------------------------|
| Legal Surname: | | Legal Forename: |
| Gender (M/F): | Date of Birth: | Middle Name(s): |
| Preferred Surname: | | Preferred Forename: |
| Postcode: | | Home Telephone Number: |
| Home address: | | |

Please give details of all persons who have parental responsibility* and anyone else you wish to be contacted in an emergency. Prioritise them in the order that you wish for them to be contacted in an emergency.

*A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he's married to the child's mother or is listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in). You can apply for parental responsibility if you don't automatically have it.

| | | | |
|-------------------|--------------------------------------|---|----------------------|
| Emergency Contact | Title and Surname: | Forename: | Priority 1 |
| | Daytime Tel. No: | Day Place: | |
| | Home Phone: | Mobile: | |
| | Email: | | |
| | Address: (if different to above): | | |
| | Relationship to Pupil: | Parental Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|-------------------|--------------------------------------|--|---|--|----------------------|
| Emergency Contact | Title and Surname: | | Forename: | | Priority 2 |
| | Daytime Tel. No: | | Day Place: | | |
| | Home Phone: | | Mobile: | | |
| | Email: | | | | |
| | Address: (if different to above): | | | | |
| | Relationship to Pupil: | | Parental Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | | | |
|-------------------|--------------------------------------|--|---|--|----------------------|
| Emergency Contact | Title and Surname: | | Forename: | | Priority 3 |
| | Daytime Tel. No: | | Day Place: | | |
| | Home Phone: | | Mobile: | | |
| | Email: | | | | |
| | Address: (if different to above): | | | | |
| | Relationship to Pupil: | | Parental Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please clearly put an 'X' in the sessions you are requesting (subject to availability).

THE FREE EARLY EDUCATION ENTITLEMENT (FEEE) ALLOWS 15 HOURS PER WEEK OF FREE CARE (5 SESSIONS). REMAINDER WILL BE CHARGED AT £10.50 PER SESSION AND £2 PER LUNCHTIME SESSION. PLEASE PROVIDE A PACKED LUNCH.

| SESSION | Monday | Tuesday | Wednesday | Thursday | Friday | Total Sessions |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| MORNING 8.45am - 11.45am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LUNCHTIME 11.45am - 12.15pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AFTERNOON 12.15pm - 3.15pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferred Start Date e.g. ASAP/After Summer Holiday | | | | | | |

Dietary Requirements

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Artificial Colouring Allergy | <input type="checkbox"/> No Pork | <input type="checkbox"/> No Dairy Produce |
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Halal | <input type="checkbox"/> Kosher Foods Only |
| <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Seafood Allergy |

Does your child have any other dietary requirements that the school should be aware of?

Medical Information

Medical Practice Name:

Medical Practice Address:

Telephone Number:

Does your child have any medical conditions that the school should be aware of?

Name of Health Visitor:

Telephone Number:

Does your child receive any Paramedical Support?

- | | | |
|---|--|---|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Other Support... Please Specify: | | |

First Language

A First Language other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.

First Language:

Other Languages Spoken (in order of importance):

1.

2.

Ethnicity

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Other

- Chinese
- Any other ethnic background

I do not wish an ethnic background category to be recorded

Religion

- | | | |
|--------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> No religion | <input type="checkbox"/> Other religion | |

Sibling Information

Does your child have any brothers/sisters who attend Redlands School? Yes No

If yes, please give details:

Other Information

Please use this space to give us any information about your child that you feel we should know about and which has not already been covered by this form:

PLEASE SEND IN A COPY OF YOUR CHILD'S BIRTH CERTIFICATE WITH THIS APPLICATION FORM

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____

Date: _____

PLEASE NOTE THAT A PLACE AT REDLANDS PRE-SCHOOL DOES NOT GUARANTEE A PLACE AT REDLANDS PRIMARY SCHOOL. THE NORMAL ADMISSIONS PROCEDURES WILL APPLY.