

# Nursery Admissions

**BEDWELL PRIMARY SCHOOL**  
Bedwell Crescent,  
Stevenage, Herts, SG1 1NJ

For Office use only:

Name .....

UPN: .....

Entered by: .....

### 1. Your child

Child's name: .....

First / preferred name: .....

Date of birth: .....

Male  Female  [please tick as appropriate]

Home address: .....

.....

Postcode: .....

Home phone: .....

Nationality: .....

Country of birth: .....

Home / first language: .....

Previous school / playgroup: .....

### 2. Documentation

To confirm the information above, we are required to check the following documents. Please bring them (originals, not copies please) to the School Office:

Child's birth certificate

A recent bill (to confirm your address)

Passport (if your child has one - this is essential for foreign nationals)

### 3. Adopted Children

*If your child has left care through adoption, please complete this section.*

Has your child been adopted from care? Yes  No

If yes, have you been granted an adoption order by the courts?

Yes  No

Did your child leave the local authority's care under a special guardianship order?

Yes  No

Did your child leave the local authority's care under a child arrangements order (formally known as a residence order)?

Yes  No

**4. Parents**

Parent 1's name: .....

*If different from above:*

Home address: .....

.....

Postcode: .....

Mobile phone: .....

Home phone: .....

Email address: .....

*If applicable:*

Occupation: .....

Work address: .....

.....

Work phone: .....

Parent 2's name: .....

*If different from above:*

Home address: .....

.....

Postcode: .....

Home phone: .....

Mobile phone: .....

Email address: .....

*If applicable:*

Occupation: .....

Work address: .....

.....

Work phone: .....

**5. Alternative Emergency Contacts**

*Please give details of any other adults we can contact in an emergency, including their relationship to your child (eg. aunt, neighbour, childminder etc):*

Name: .....

Relationship to child: .....

Mobile phone: .....

Name: .....

Relationship to child: .....

Mobile phone: .....

**6. Medical**

National Health Number: .....

Family doctor: .....

Doctor's address: .....

Doctor's phone: .....

Medical conditions of which the school should be aware:

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Fits     |
| <input type="checkbox"/> Nose bleeds                    | <input type="checkbox"/> Sight problems  | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hearing problems               | <input type="checkbox"/> Serious illness | <input type="checkbox"/> ADHD     |
| <input type="checkbox"/> Allergies - please list: ..... |  |                                   |
| <input type="checkbox"/> Dietary needs: .....           |  |                                   |
| <input type="checkbox"/> Other: .....                   |  |                                   |

Has your child received a tetanus injection in the last 5 years?

Yes  No  [please tick as appropriate]

Any other medical information of which the school should be aware:

.....

.....

## 7. Free School Meals and Pupil Premium

*All children in Reception, Year 1 and Year 2 are entitled to a free school lunch. Children in Years 3-6 are also entitled to free school meals if you receive certain benefits. In addition, the school receives additional funding (called Pupil Premium) for children from Reception to Year 6 whose parents receive these benefits. We can check your eligibility for you if you provide us with your National Insurance Number (or Home Office number) and sign below:*

Parent's name: .....

National Insurance Number: .....

or Home Office Number : .....

I am happy for the School to use the above information to check if they can receive additional funding [please sign]: .....

## 8. Transport

*Please indicate the way that your child will typically travel to school. Please only tick one box, showing the mode of travel for the longest part of the journey:*

- |                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Walk      | <input type="checkbox"/> School bus         | <input type="checkbox"/> Train     |
| <input type="checkbox"/> Cycle     | <input type="checkbox"/> Public service bus | <input type="checkbox"/> Car share |
| <input type="checkbox"/> Car / van | <input type="checkbox"/> Taxi               | <input type="checkbox"/> Other     |

## 9. Ethnic Background

*Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, language, culture, skin colour, ancestry or history. Ethnic background is not the same as nationality or country of birth.*

*Please tick one box only to indicate the ethnic background of your child - the categories are based on those used in the national census. This information will be used solely to compile statistics. These statistics will not allow individual children to be identified.*

**a) White**

- British
- Irish
- Traveller from Irish heritage
- Gypsy / Roma
- Italian
- Turkish
- Other white background

**b) Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background

**c) Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Other Asian background

**d) Black or Black British**

- Caribbean
- African
- Other black background

**e) Chinese**

**f) Any other ethnic group**

I do not wish an ethnic background to be recorded

*We are also asked to collect data on our children's religion - again, this information will only be used to compile statistics. Please tick one box below:*

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Buddhist                                | <input type="checkbox"/> Christian   | <input type="checkbox"/> Hindu          |
| <input type="checkbox"/> Jewish                                  | <input type="checkbox"/> Muslim      | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Sikh                                    | <input type="checkbox"/> No religion | <input type="checkbox"/> Other          |
| <input type="checkbox"/> I do not wish a religion to be recorded |                                      |   |

**10. 30 Hour Offer**

*All children aged are entitled to 15 hours provision during term time (in our case, 3 hours in Nursery, Monday to Friday). Some families are entitled to an additional 15 hours, allowing your child to be in Nursery for a full school day throughout the week. This funding is dependent on household income - you (and your partner if you have one) must be working at least 16 hours a week or claiming incapacity benefit or carer's allowance. To find out more about the scheme, visit:*

*[www.gov.uk/apply-30-hours-free-tax-free-childcare](http://www.gov.uk/apply-30-hours-free-tax-free-childcare). If you are interested, please tick the box below.*

I am interested in taking up the Bedwell School 30 hour offer

**11. Siblings**

If your child has brothers or sisters in the school already, please list their names below:

- .....
- .....
- .....
- .....

**12. Signature**

I confirm that **all of the information above is correct** to the best of my knowledge and that:

- I will inform the school as soon as possible if any details change
- I will make the school aware of any other concerns or problems that may affect my child's progress or behaviour

Signed: .....

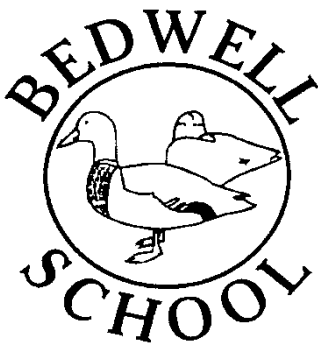
Name: .....

**13. For Office use only**

- Home address confirmed
- Birth certificate, child's name & date of birth verified
- Parent's name confirmed
- Passport recorded
  
- 30 hour offer

**Details confirmed by:** .....

**Date:** .....



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