



St. John's Infant & Nursery School Admission Form

Personal Information

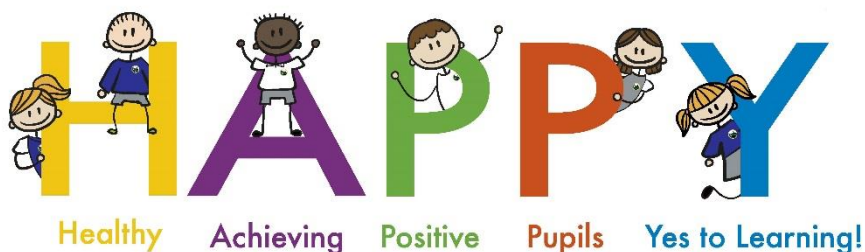
Child's Surname	
First Names	
Name to be called	
Date of Birth	
Gender	
Age	
NHS No	

☒ Please tick which nursery session you would prefer

Session 1 <input type="checkbox"/>	Session 2 <input type="checkbox"/>	Session 3 <input type="checkbox"/>	Session 4 <input type="checkbox"/>
Mornings Only	Afternoons Only	Full Day Monday, Tuesday & Wednesday Morning	Wednesday Afternoon, Full day Thursday & Friday
Monday 8.45 – 11.45	Monday 12.15 – 15.15	Monday 8.45 – 15.15	Wednesday 12.15 – 15.15
Tuesday 8.45 – 11.45	Tuesday 12.15 – 15.15	Tuesday 8.45 – 15.15	Thursday 8.45 – 15.15
Wednesday 8.45 – 11.45	Wednesday 12.15 – 15.15	Wednesday 8.45-11.45	Friday 8.45 - 15.15
Thursday 8.45 – 11.45	Thursday 12.15 - 15.15		
Friday 8.45- 11.45	Friday 12.15 – 15.15		

Please note that if you child attends our Lunch Club then a packed lunch needs to be provided and there is a £3 daily charge to cover our staffing provisions. This is NOT covered by your funding.

Additional Requests:



Parent/Carer Details

Parent 1 Name	Parent 2 Name
Parent 1 Nat Ins No:	Parent 2 Nat Ins No:
Parent 1 DOB	Parent 2 DOB
Parental Responsibility Yes / No	Parental Responsibility Yes / No
Are you currently or have you been within the last 5 years, a serving member of the British Armed Forces? Yes / No	Are you currently or have you been within the last 5 years, a serving member of the British Armed Forces? Yes / No
Address:	Address:
Does the child live at this address? <input type="checkbox"/>	Does the child live at this address? <input type="checkbox"/>
Home Telephone Number	Home Telephone Number
Mobile Telephone Number	Mobile Telephone Number
e-mail address	e-mail address
Name of Workplace	Name of Workplace
Work Telephone Number	Work Telephone Number

Universal Infant Free School Meal (UIFSM) entitlement for children in Reception to Year 2 was introduced by the Government in September 2014. To ensure schools receive their full funding entitlement, Hertfordshire County Council is encouraging all schools to ask parents to register their child's entitlement for a universal infant free school meal online themselves or to give permission to their child's school, to do this on their behalf. Your registration will be renewed each year meaning that unless your circumstances change, entitlement to free school meals from Year 3 and other educational benefits will be automatically registered.

If either Parent/Carer is in receipt of any of the following benefits, you may be entitled to additional support.

Please tick any benefits that you receive

Income Support

Income Based Jobseeker's Allowance

Pension Credit (Guarantee Credit element)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Employment Support Allowance (Income Related)

Child Tax Credit with income below £16,190

Working Tax Credit

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

If anybody else has parental responsibility for the child please insert detail's below:-

Carer's Name	Carer's Name
Parental Responsibility Yes / No	Parental Responsibility Yes / No
Address (if different from child)	Address (if different from child)
Home Telephone Number	Home Telephone Number
Mobile Telephone Number	Mobile Telephone Number
e-mail address	e-mail address
Name of Workplace	Name of Workplace
Work Telephone Number	Work Telephone Number

Emergency/Authorised for Collection Contacts

Contact 1 Name	Contact 2 Name
Relationship to child	Relationship to child
Home Telephone Number	Home Telephone Number
Mobile Telephone Number	Mobile Telephone Number
Address	Address
Contact 3 Name	Contact 4 Name
Relationship to child	Relationship to child
Home Telephone Number	Home Telephone Number
Mobile Telephone Number	Mobile Telephone Number
Address	Address

Health Details

Doctor's Name	Health Visitor's Name
Address	Address
Telephone Number	Telephone Number

Please read the Medicines in School Policy which can be found on the school website before completing this section.

Does your child suffer from any allergies? If yes, please give details and provide a care plan from your GP or Consultant.

Does your child suffer from Asthma:

Yes / No

If yes, it is the parent/carer's responsibility to provide an in date inhaler to be kept on school premises in accordance with the Medicines in School Policy.

Is your child currently suffering from any Medical Conditions? If yes please list below:

Does your child require medication for the Medical Condition(s) listed above to be administered during the school day?

Yes / No

If yes, please refer to the Medicines in School Policy and provide a detailed care plan from your GP or Consultant.

If you would like to bring the schools attention to any serious historical medical events (i.e. hole in the heart at birth, operations etc.), please list below:

Does your child have any special needs and / or need any additional support?

Yes / No

If yes please give details:

Are there any other professionals involved with your child? (e.g. Speech Therapists, Social Services)

Yes / No

If yes, please give details:

Permission for emergency treatment

I give permission for staff at St. John's Infant & Nursery School to obtain any medical treatment or assistance that may be necessary in the case of an emergency, for my son/daughter. **Yes / No**

I give permission for my child to receive a hypo-allergenic plaster in the event of a cut or graze where it may be deemed necessary to apply one. **Yes / No**

Food Activities

I give permission for my child to take part in food activities which form part of the School curriculum **Yes / No**

Dietary Factors

If your child cannot touch or eat any foods, (due to an allergy) or for religious or life style reasons, please list them below: (e.g No pork, vegetarian)

EQUAL OPPORTUNITIES MONITORING

Disability

Disability is defined in the Disability Discrimination Act as 'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out day to day activities'.

The impairment should have lasted or be expected to last 12 months or more. People with hidden conditions e.g. cancer, diabetes, epilepsy, asthma are covered. People with severe disfigurements, people with learning disabilities, people living with HIV/AIDS and people with MS are also covered from the time the symptoms first appear.

People who have had a disability within the definition are protected from discrimination even if they have since recovered e.g. from depression.

Having read this do you consider yourself or a member of your family to be covered by definition?

YES

☐

NO

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Ethnic and Cultural Information

Ethnicity					
		✓			✓
(a)	White:			(b)	Mixed
	British				White and Black Caribbean
	Irish				White and Black African
	Traveller from Irish heritage				White and Asian
	Gypsy/Roma				Any other mixed background
	Any other white background				
	e.g. Italian, Turkish				
(c)	Asian or Asian British			(d)	Black or Black British
	Indian				Caribbean
	Pakistani				African
	Bangladeshi				Any other Black background
	Any other Asian background				
(e)	Chinese			(f)	Any other ethnic group
	I do not wish an ethnic group to be recorded				

National Identity	
Religion	
Language spoken at home with parent(s) (First Language)	
Country of Birth	

Previous School / Day care / Nursery

Name of establishment	Address
Telephone number	Dates attended _____ to _____
Name of establishment	Address

Telephone number	Dates attended _____ to _____
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Permission and Consent

School Visits

We aim to enrich and broaden the children's education to give real life experiences through visiting places in the local area. For example a walk to the woods or to the Church. We will inform you when these visits are taking place and to make these possible the classes will ask for helpers to walk the children via a letter and a notice outside the classroom.

For the day trips and residential trips involving a coach journey we will still request your permission when we send out the letters.

I give permission for my child to be taken on short outings with the staff **Yes /No**

Consent for Internet Use

I have read and understood the E-Safety & ICT Agreement included in this pack, (a copy is on the school website), and give permission for my child to access the internet.

I understand that the school will take all reasonable precautions to ensure pupils cannot access inappropriate materials.

I understand that the school cannot be held responsible for the nature or content of materials accessed through the internet.

I agree that the school is not liable for any damage arising from use of the internet facilities

I give my consent to the aforementioned statements on Internet use **Yes / No**

Use of Children's Photographs and Videos

During your child's time at St John's Infant and Nursery School we will often take images and videos of the children. We use the images and videos on various platforms, social media sites and websites.

Currently we share photos and videos on the school website, newsletter, Facebook page and local newspapers, to mention a few.

I consent for my child's image / video to be shared on social media sites, school newsletter, newspapers and our school website.	Yes	No
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Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies. In giving your consent you understand that images may be used in printed and electronic form.

I have read the Home School Agreement and discussed this with my child and we agree to do our best towards our part **Yes / No**

DECLARATION

I understand, agree and give my consent to the above statements and certify all information to be correct.

Signed: _____

Print Name: _____

Date: _____

Relation to Child: _____

For school use only

Birth certificate number or passport No.	
Date of birth confirmed	YES/NO