

NURSERY

Data Collection Sheet

Please complete the form below ensuring every section is answered

Please be aware that if your child is registering for Nursery this does not guarantee them a Reception place.

Legal surname:	Legal forenames: <small>Please include middle names</small>
Preferred name (If different from legal name):	
Date of Birth:	Gender:
Address:	Registration Group (If known):
	Year:
	Armed Forces child: YES/NO
Postcode:	Telephone:
Email:	
Siblings already attending the school:	

Children who have been in Public care including those who have been adopted or who are subject to a residency order, a special guardianship order or a child arrangements order may be able to access additional funding for the school. Please give details below or contact the school directly.

If your child is under statutory assessment of their Education, Health and Care needs or has an Education, Health and Care Plan, please give details below or contact the school directly.

ETHNICITY (Please circle appropriate heading)				
White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups
British Irish Any other	White and Black Caribbean White and Black African White Asian Any other	Indian Pakistani Bangladeshi Any other	Caribbean African Any other	Chinese Gypsy/Traveller Any other

WHAT IS YOUR CHILD'S RELIGION? (Please circle)	
Christian	Hindu
Buddhist	Jewish
Muslim	Sikh
None	Any other religion (please write in)

Child's 1st Language	
Childs 2nd Language	

PREVIOUS SCHOOL <small>(If applicable)</small>	ADDRESS	START DATE	LEAVING DATE

Travel Arrangements (please circle)				
Bicycle	Train	Car/Van	Walk	Taxi
School Bus	Car share	Public Bus	Other (please state)	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. It is helpful if someone who does not live at the same house is included. Place them in the order that you wish for them to be contacted in an emergency.

Priority 1 Name				Relationship to Child	
Address					
Parental Responsibility?	Y/N	Is this person able to collect?	Y/N	Could the child stay overnight?	Y/N
Contact Number					
Additional Number					
Additional Number					
Email Address					

Priority 2 Name				Relationship to Child	
Address					
Parental Responsibility?	Y/N	Is this person able to collect?	Y/N	Could the child stay overnight?	Y/N
Contact Number					
Additional Number					
Additional Number					
Email Address					

Priority 3 Name				Relationship to Child	
Address					
Parental Responsibility?	Y/N	Is this person able to collect?	Y/N	Could the child stay overnight?	Y/N
Contact Number					
Additional Number					
Additional Number					
Email Address					

Priority 4 Name				Relationship to Child	
Address					
Parental Responsibility?	Y/N	Is this person able to collect?	Y/N	Could the child stay overnight?	Y/N
Contact Number					
Additional Number					
Additional Number					
Email Address					

Dietary Needs			
Dietary Preferences			
Meal Arrangements	School Meal	Packed Lunch	Home

Medical Practice:	
Address:	
Telephone Number:	
Medical Conditions:	
Medical Notes:	

You will be registered to use our school communication system unless you inform us in writing.

Data Protection Act 1988: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.

I confirm that the above information is correct and am aware that all information given is audited regularly.

Signature: _____ **Date:** _____
 Parent/Legal Guardian

We value the privacy of the information that you are providing us. The information will be transferred on to our system once the Nursery place has been accepted or destroyed if the place is declined. For further information please refer to the full privacy notice available on our website.