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| **Stuart Road Primary Academy - Nursery Application**  |
| Pupil data is essential for Reach South Academy Trust’s operational use and to meet the school’s legal obligations. Full details of what data and why we hold it is available here: <https://stuartroadprimary.eschools.co.uk/website/policies/84806>  |
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| **SCHOOL ENTRY FORM – PUPIL DETAILS** |
|  |  |  |
| Legal Surname: |  | Legal Forename: |
|  |
| Middle Names: |
|  |  |  |
| Gender: Male/Female: |  | Date of Birth: |
|  |  |  |
|  |
| Preferred Surname: |  |  |
|  |  |  |
| ***The information provided above must be your child’s legal name (as recorded on birth certificate) – please ensure a copy of the birth certificate is returned with this form as proof of identification. A preferred surname/forename can only be accepted with the correct documentary evidence.*****ADDRESS DETAILS** |
|  |  |  |
| Number/Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **PARENTS DETAILS** |
|  |  |  |
| Parent/Guardian 1Surname:Title: Forename: |  | Parent/Guardian 2Surname:Title: Forename: |
|  |  |  |
| Address: (if different from pupil)Postcode: |  | Address: (if different from pupil)Postcode: |
|  |  |  |
| Home No:Mobile No:Email:NI number:D.O.B:Relationship to child:Parental responsibility: Yes □ No □ |  | Home No:Mobile No:Email:NI number:D.O.B:Relationship to child:Parental responsibility: Yes □ No □ |
|  |  |  |
| **Is there any legal order relating to this pupil? Yes □ No □** |
|  |  |  |
| Is the child resident with a Foster Parent? Yes □ No □Is or previously was the child a Looked After Child? Yes □ No □ If you have answered yes to either question, please provide the details of any foster parents/carers:Name: Address (If different to pupil):Home No: Mobile No: |
|  |  |  |
| **EMERGENCY CONTACTS**Please give details of any other person who may be contacted in case of sickness, in order of priority. Please also indicate if you give consent for them to collect your child. |
|  |  |  |
| **Contact priority 1**Name: Home No:Relationship to child: Mobile No: □ Can collect |
|  |  |  |
| **Contact priority 2**Name: Home No:Relationship to child: Mobile No: □ Can collect |
|  |  |  |
| **Contact priority 3**Name: Home No:Relationship to child: Mobile No: □ Can collect |
|  |  |  |
| **Contact priority 4**Name: Home No:Relationship to child: Mobile No: □ Can collect |
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| **MEDICAL INFORMATION** |
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| Doctors Name:Surgery Address:Telephone No: |
|  |  |  |
|  |  |  |
| **Medical Conditions**□ Asthma □ Diabetes□ Eczema □ ADHD□ Epilepsy □ Allergies□ Arthritis □ Regular Medication (please specify below)□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please note, if your child has asthma you will need to complete an asthma care plan form. Forms are available from the ofice.** |
|  |
| **DIETARY NEEDS** |
|  |  |  |
| □ Vegetarian□ No Beef□ No Pork□ Kosher Only□ Gelatine Free□ Halal□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ No Nuts□ No Dairy□ No Seafood□ Gluten Free□ Allergies (please specify below)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Please use the space below to provide us with the names and dates of birth of any other children in the family home and/or any other personal information you feel we need to be aware of. Any information you disclose will be kept confidential and in accordance with GDPR legislation.…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Does your child have any brother/s or sister/s who currently attend **Stuart Road Primary Academy** or any brother/s or sister/s currently on our waiting list? Yes □ No □If yes, please name below:………………………………………………………………………………………………………………………………………………………………………………… |
|  |  |  |
| **SPECIAL EDUCATIONAL NEEDS**Does your child have any Special Educational Needs (SEN) that we need to be aware of? Yes □ No □ |
|  |  |  |
| **Does your child have an EHCP? Yes □ No □**□ Behavioural and Social □ Multi-Sensory Impairment□ Deaf □ Other (please detail below)□ Speech, Language & Communication Difficulties □ Visual Impairment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Behaviour, Emotional & Social Difficulties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Autism Spectrum Disorder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Hearing Impairment  |
|  |  |  |
| Have any other agencies been involved with your child?□ School Nurse □ Education Welfare Team□ Speech Therapist □ Children’s Social Care□ Other Please provide details below.…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
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| **ADDITIONAL INFORMATION** |
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| MEALS□ Entitled to Free School Meals (If you are in receipt of a benefit such as Income Support or Universal Credit, you may be eligible for Free School Meals. You will need to provide evidence to support this claim)Has your child been entitled to Free School Meals in the last six years? Yes □ No □ □ Universal Free School Meals (Early Years, Year 1 & Year 2 only)□ Packed Lunch□ Paid school meal |
|  |  |  |
| TRAVEL□ Walk □ Bus □ Taxi □ Car □ Cycle □ TrainAre you entitled to Free School Transport? Yes □ No □ |
|  |  |  |
| **PREVIOUS SCHOOL HISTORY**Please provide details of your child’s current School, Nursery or Pre-School (if applicable) |
|  |  |  |
| School Name:Address:Telephone No: |  | Reason for Leaving:□ Family Move□ Voluntary Transfer□ Exclusion□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **CONSENTS** |
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| Do you consent to your child being given first aid by a trained member of staff in the event of an accident or illness?Do you consent to your child being given emergency hospital treatment in the event of an accident or illness? Do you consent to your child being photographed or filmed within school or on school trips for educational purposes? Please be aware, that we occasionally use these images to promote the children’s progress and learning in the school’s newsletter, on the website, on our Twitter feed and other social media? Do you consent for my child to take part in local out of school activities and receive appropriate first aid or urgent medical treatment if required? I have read and understood the school policy regarding Responsible Internet Use/E-safety and give my consent for my son/daughter to access the internet during lessons. Is your child a Service child?Army □ Royal Navy □ RAF □ Royal Marine □ Has served in the last six years □I have read and signed the Home-School Partnership form and kept a copy for my own records.  | Yes □ No □Yes □ No □Yes □ No □Yes □ No □Yes □ No □Yes □ No □Yes □ No □ |
| **ETHNICITY** |
|  |  |  |
| **White Mixed Asian or Asian British**□ British □ Irish □ White & Black Caribbean □ Indian□ Traveller of Irish Heritage □ White & Black African □ Pakistani□ Gypsy/Roma □ White & Asian □ Bangladeshi□ Eastern European □ Other Mixed background □ Sri Lankan□ Other □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Black or Black British Other** □ Caribbean □ Chinese □ Kurdish□ African □ Afghan □ Latin/South American□ Any Other Black Background □ Arab Other □Lebanese  □ Filipino □ Thai □ Iraqi □ Other □ Japanese \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Decline to answer |
| ­ |  |  |
| Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Asylum Status (if applicable): child is seeking asylum □ child is a refugee □ |
|  |  |  |
| **RELIGION** |
|  |  |  |
| □ Baha’I □ Jehovah’s Witness □ Sikh□ Buddhist □ Jewish □ No Religion□ Christian □ Methodist □ Decline to answer□ Church of England □ Muslim □ Other□ Hindu □ Roman Catholic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **HOME LANGUAGES** |
|  |  |  |
| □ Arabic □Hindi □ Urdu□ Bengali □Italian □ Other□ Chinese □ Polish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ English □ Portuguese□ French □ Spanish□ German □ Turkish□ Greek □ Tamil |
| **REASON FOR CHOOSING SCHOOL**Please select the main reason you chose **Stuart Road Primary Academy** |
|  |  |  |
|  |  |  |
| □ Good school performance [GSP] □ Sibling attends [SIB]□ Moved to the area [MTA] □ Preferred school unavailable [PSU]□ Excluded from another school [EXC] □ School values/community [VAL]□ Child unhappy/not attaining at previous school [UPS] □ Recommendation/Reputation [REP]□ Impressive school facilities [FAC] □ Parent supportive of new school leadership [LDS] □ Other□ Good support for SEN needs [SEN] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ­ |  |  |
| **Nursery Application** **When would you want your child to start?**□ Autumn Term (September) □ Spring Term (January) □ Summer Term (April)□ Immediately **Does your child already attend a childcare provider?**□ Yes □ NoIf yes, which provider & will the child continue to attend that provision if offered a place here?

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Please select your preference of sessions you would like your child to attend – we will do our best to accommodate this but cannot guarantee that these will the sessions that you are offered. Lunch sessions are only available to child attending for the whole day.

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| --- | --- | --- | --- |
|  | **AM 08.45am – 11.45am**  | **Lunch** | **PM 12.15pm – 3.15pm**  |
| **Monday**  |  |  |  |
| **Tuesday**  |  |  |  |
| **Wednesday**  |  |  |  |
| **Thursday**  |  |  |  |
| **Friday** |  |  |  |

 Birth Certificate seen (for office use) □Signed: ­­­­­­­­­­­­­­ Parent/Carer Print Name:  Date:  |

**IMPORTANT INFORMATION REGARDING ETHNICITY DATA**

**Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education (DFE) to contribute to local and national statistics. From May 2018 the General Data Protection Regulation (GDPR) will apply to all schools and academies. GDPR is a piece of EU-wide legislation which will determine how people’s personal data is processed and kept safe, and the legal rights individuals have in relation to their own data. For more information regarding the Schools policies and procedures please visit our website** [**http://www.stuartroadacademy.org**](http://www.stuartroadacademy.org)