



Date Received:
Option Requested:

LINGFIELD PRIMARY SCHOOL

A Personal Best School
Respect, Resilience, Relationships

NURSERY ADMISSION FORM

Please complete this form and return to the School Office at Lingfield Primary School

PUPIL INFORMATION

Surname:.....	Forename:.....	Middle Name(s):.....
Date of Birth:.....	Gender: Male/Female (delete as applicable)	
Address:.....		
Postcode:.....	Phone No.:.....	

CONTACT DETAILS

1) PARENT/CARER (full name)

Mr/Mrs/Miss/Ms	Occupation:.....
Address: (if different to that of pupil).....	
Phone Nos.: Home.....	Work.....
Mobile.....	Email.....
Relationship to child:.....	

2) PARENT/CARER (full name)

Mr/Mrs/Miss/Ms	Occupation:.....
Address: (if different to that of pupil).....	
Phone Nos.: Home.....	Work.....
Mobile.....	Email.....
Relationship to child:.....	

1) Alternative contact:

Mr/Mrs/Miss/Ms:.....	
Relationship to child:.....	Daytime phone no:.....

2) Alternative contact:

Mr/Mrs/Miss/Ms:.....	
Relationship to child:.....	Daytime phone no:.....

Is the child, or has the child previously been, in the care of a Local Authority? If so please state the name of the Local Authority below and provide evidence with your form:

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EDUCATIONAL INFORMATION

Previous School, Nursery or Playgroup

Name:..... Phone No:.....

Address:.....

MEDICAL INFORMATION

Name of Doctor/practice:..... Phone no:.....

Address:.....

Please give details of any medical conditions /allergies/disabilities which the school should be aware of:

.....

..... Does your child wear glasses: Y / N

Does the child have a social or medical need for a place at this nursery? Y / N

Please provide details:.....

.....

DIETRY INFORMATION

Please indicate your child's weekly dietary pattern:

	Monday	Tuesday	Wednesday	Thursday	Friday
School Meals	<input type="checkbox"/>	<input type="checkbox"/>	Packed Lunch	<input type="checkbox"/>	<input type="checkbox"/>
Packed Lunch	<input type="checkbox"/>	<input type="checkbox"/>	Packed Lunch	<input type="checkbox"/>	<input type="checkbox"/>

My child is entitled to free school meals Y/N

ETHNICITYHome Language:..... 1st Language:.....

Religion:

Please tick the appropriate box to indicate your child's ethnic group (Please tick one box only):

White		Asian or Asian British	
British		Indian	
Irish		Pakistani	
Traveller of Irish Heritage		Bangladeshi	
Gypsy / Roma		Chinese	
Any other White background		Any other Asian background	
Mixed / Dual Background		Black or Black British	
White and Black Caribbean		Caribbean	
White and Black African		African	
White and Asian		Any other Black background	
Any other Mixed background		Other ethnic group	
Prefer not to say			

Please give details of anything else which you would like the school to be aware of

