



# Hodnet Primary School

## NURSERY REGISTRATION FORM: CONFIDENTIAL PERSONAL DETAILS FOR YOUR CHILD

1.	Your child's legal surname									
2.	Your child's legal forename(s)									
3.	Your child's "known as" surname – only if different from 1 above.									
4.	Your child's "known as" forename – only if different from 2 above.									
5	Your child's date of birth	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
5a	Your child's gestinational term at birth in weeks									
5b	Your child's gender									
5c	Your child'd pronoun(s)									
6.	Your child's full address (the address where he or she resides for 4 or more days a week and which will be taken as the substantive address)									
7.	Postcode (please print) <b>NB: ensure it matches the Post Office website, inserting a space where necessary</b> (e.g. SY22 5JH)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
8.	<p>Does your child have any medical conditions (including asthma or allergies) that we need to be aware of? <b>Please provide full details including any medication that is being taken orally or by injection.</b></p> <p>Does your child have any special dietary requirements?</p>									
9.	The name of your child's doctor and contact details including a telephone number.									
10.	The name and address of your child's previous nursery setting (if applicable).									

10a.	The name of the Nursery your child will also attend in addition to Hodnet (if applicable, e.g. on a shared funding basis)	
11.	Are you a member of the armed forces? Please circle Yes or No.	Yes                      No
<b>CHILD'S PARENT/CARER CONTACT DETAILS (1)</b>		<b>THIS SHOULD BE THE PERSON WITH WHOM YOUR CHILD RESIDES FOR THE MAJORITY OF THE WEEK</b>
12.	Your relationship to child	
13.	Your Title (Mr/Mrs/Miss/Ms/Rev etc)	
14.	First name	
15.	Surname	
16.	Full address	
17.	Postcode (see note in 7 above)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18.	Home telephone number	
19.	Work telephone number & place of work	
20.	Mobile phone number	
21.	Occupation	
22.	Email address (we will not divulge to any third party). Please print this in capital letters – we will insert it into our systems in lower case.	
<b>PARENT/CARER CONTACT DETAILS (2)</b>		
23.	Relationship to child	
24.	Your Title (Mr/Mrs/Miss/Ms/Rev etc)	
25.	First name	
26.	Surname	
27.	Full address	
28.	Postcode (see note in 7 above)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
29.	Home telephone number	

30.	Work telephone number & place of work	
31.	Mobile phone number	
32.	Occupation	
33.	Email address (see note in 22 above).	
34.	Emergency contact number (s) – please list in the order you would wish us to contact.	
35.	If your child has a before or after school carer please give the name and telephone number	
<b>PARENT/CARER OR ADDITIONAL CONTACT DETAILS (3)</b>		
36.	Your relationship to child	
37.	Your Title (Mr/Mrs/Miss/Ms/Rev etc)	
38.	First name	
39.	Surname	
40.	Full address	
41.	Postcode (see note in 7 above)	<input type="text"/>
42.	Home telephone number	
43.	Work telephone number & place of work	
44.	Mobile phone number	
45.	Occupation	
46.	Email address (we will not divulge to any third party). Please print this in capital letters – we will insert it into our systems in lower case.	
<b>PARENT/CARER OR ADDITIONAL CONTACT DETAILS (4)</b>		
47.	Relationship to child	
48.	Your Title (Mr/Mrs/Miss/Ms/Rev etc)	
49.	First name	
50.	Surname	
51.	Full address	
52.	Postcode (see note in 7 above)	<input type="text"/>

53.	Home telephone number	
54.	Work telephone number & place of work	
55.	Mobile phone number	
56.	Occupation	
57.	Email address (see note in 21 above).	
<b>Emergency information</b>		
58.	Emergency contact number (s) please list the order you would wish us to contact the above named people.	1. 2. 3. 4.
59.	If your child has a before or after nursery carer e.g. a childminder, please give their name and telephone number	
60.	Any further relevant information you wish to provide about your child.	

### Adopted from Care

Children adopted from care on or after 30 December 2005, as well as those who left care under a special guardianship order or residence order (now known as a child arrangements order) attract a significant sum of additional funding to schools to be used to help support your child's academic progress and attainment. If this is applicable to your child, we would be grateful if you could indicate (with a tick) which category below he/she falls into. It should be emphasised that the offering of this information is purely voluntary and parents are under no obligation to do so:

<input type="checkbox"/>	Ceased to be looked after through adoption
<input type="checkbox"/>	Ceased to be looked after through a Special Guardianship Order (SGO)
<input type="checkbox"/>	Ceased to be looked after through a Residence Order (RO)
<input type="checkbox"/>	Ceased to be looked after through a Child Arrangement Order (CAO)

**WE ALSO NEED YOUR PERMISSION FOR CERTAIN ASPECTS OF YOUR CHILD'S NURSERY EDUCATION – PLEASE WOULD YOU CIRCLE Yes or No AS APPROPRIATE. THANK YOU.**

Photograph in our School & Trust prospectus & websites	Yes	No
Photograph in newspaper/publication (not named)	Yes	No
Local (on foot) walks and visits (always notified first)	Yes	No
Handling school guinea pigs	Yes	No
Emergency medical aid (if you circle no, please let the school have details as to what you would not allow under this consent).	Yes	No

**VACCINATIONS – for the safety of other children in the setting we need to confirm that your child been immunised against the following: (Please tick in box  )**

**2 months:**

- 5 –in-1 Single jab contains vaccines to protect against five separate diseases - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib, a bacterial infection that can cause severe pneumonia or meningitis in young children)
- Pneumococcal infection

**3 months:**

- Second 5 - in-1 dose
- Meningitis C

**4 months:**

- Third 5 - in-1 dose
- Meningitis C second dose
- Pneumococcal infection second dose

**Between 12 and 13 months:**

- Hib/Men C booster. Given as a single jab containing meningitis C, third dose and Hib, fourth dose
- MMR (measles, mumps and rubella), given as a single jab
- Pneumococcal infection, third dose

**3 years and 4 months, or soon after:**

- MMR second jab
- 4-in-1 pre-school booster (DtaP/IPV). Given as a single jab containing vaccines against diphtheria, tetanus, pertussis and polio

If your child has missed out on any of these vaccines, it is never too late to catch up. Arrange an appointment with your GP or health visitor

On the next couple of pages we ask you about your child's ethnicity, religion, language and how your child normally travels to school. You have every right to refuse to give any of the following information and any information given can be retracted at a later stage by informing the school. However, if you complete each section in a positive way, it may result in additional resources for the school and authority. In relation to the mode of travel please indicate where, for example, part of the journey is by car and part, say, is walking, please list the mode of transport used for the majority of the journey to school. This information is shared with the Local Authority and can be used to great advantage for us when working on School Travel Plans and seeking help to address local road safety issues.

**(A). Ethnic background (based on the Census ethnic categories)**

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.** Please study the list below and tick one box only to indicate the ethnic background of your son or daughter named above.

<b>White</b>		<b>School use (SIMS codes)</b>
◆ English	<input type="checkbox"/>	<b>WENG</b>
◆ Scottish	<input type="checkbox"/>	<b>WSCO</b>
◆ Welsh	<input type="checkbox"/>	<b>WWEL</b>
◆ Cornish	<input type="checkbox"/>	<b>WCOR</b>
◆ White Eastern European*	<input type="checkbox"/>	<b>WEEU</b>
◆ White Western European**	<input type="checkbox"/>	<b>WWEU</b>
◆ Other White British	<input type="checkbox"/>	<b>WOWB</b>
◆ Irish	<input type="checkbox"/>	<b>WIRI</b>
◆ Traveller of Irish Heritage	<input type="checkbox"/>	<b>WIRT</b>
◆ Gypsy/Roma	<input type="checkbox"/>	<b>WROM</b>
◆ White – Other	<input type="checkbox"/>	<b>WOTW</b>
<b>Mixed</b>		
◆ White and Black Caribbean	<input type="checkbox"/>	<b>MWBC</b>
◆ White and Black African	<input type="checkbox"/>	<b>MWBA</b>
◆ White and Asian	<input type="checkbox"/>	<b>MWAS</b>
◆ Any other mixed background	<input type="checkbox"/>	<b>MOTH</b>
<b>Asian or Asian British</b>		
◆ Indian	<input type="checkbox"/>	<b>AIND</b>
◆ Pakistani	<input type="checkbox"/>	<b>APKN</b>
◆ Bangladeshi	<input type="checkbox"/>	<b>ABAN</b>
◆ Any other Asian background	<input type="checkbox"/>	<b>AOTH</b>
<b>Black or Black British</b>		
◆ Caribbean	<input type="checkbox"/>	<b>BCRB</b>
◆ African	<input type="checkbox"/>	<b>BAFR</b>
◆ Any other Black background	<input type="checkbox"/>	<b>BOTH</b>
<b>Chinese</b>	<input type="checkbox"/>	<b>CHNE</b>
<b>Any other ethnic background</b>	<input type="checkbox"/>	<b>OOTH</b>
<b>I DO NOT</b> wish to give this information	<input type="checkbox"/>	<b>REFU</b>

\* White Eastern European includes those from Belarus, Bosnia & Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Macedonia, Moldova, Poland, Romania, Russia, Serbia & Montenegro, Slovak, Slovenia and Ukraine. \*\* White Western European includes those from Austria, Belgium, Denmark, Finland, France, Germany, Holland, Italy, Luxembourg, Malta, Norway, Portugal, Spain, Sweden and Switzerland. **Please do not use WOTW if you can tick WEEU or WWEU.**

**(D). Please would you let us have your family's religion by ticking one box below?**

- |              |                          |                   |                          |
|--------------|--------------------------|-------------------|--------------------------|
| 1. Christian | <input type="checkbox"/> | 5. Sikh           | <input type="checkbox"/> |
| 2. Hindu     | <input type="checkbox"/> | 6. Buddhist       | <input type="checkbox"/> |
| 3. Jewish    | <input type="checkbox"/> | 7. No Religion    | <input type="checkbox"/> |
| 4. Muslim    | <input type="checkbox"/> | 8. Other Religion | <input type="checkbox"/> |

**I DO NOT** wish to give this information  **REFU**

**(E). First Language**

First language is the language to which your child was initially exposed during early development and continues to use

this language in the home or the community. If a child acquired English, subsequent to early development, English cannot be denoted as their first language no matter how proficient they have become. On this basis, please tick the appropriate box for what you therefore consider to be your child's first language:

- |  |                          |            |
|--|--------------------------|------------|
| 1. English                                       | <input type="checkbox"/> | <b>ENG</b> |
| 2. Other than English                            | <input type="checkbox"/> | <b>OTH</b> |
| 3. <b>I DO NOT</b> wish to give this information | <input type="checkbox"/> | <b>REF</b> |

**If you ticked 2 above, please would you tell us the most appropriate language you regard as your child's first language? (If we are unable to find this on our extensive listing of languages we may contact you for further clarification).**

**(F). Home Language**

Please state your child's home language which is presently used in the home or in the community:

**(G). Mode of travel to our school**

**Please tick the predominant mode of travel for your child – please tick ONE box only:**

- |   |                          |            |                         |                          |            |
|---|--------------------------|------------|-------------------------|--------------------------|------------|
| 1. Bus – type not known<br><i>(see 5 or 6 as alternatives)</i>      | <input type="checkbox"/> | <b>BNK</b> | 6. Public Service Bus * | <input type="checkbox"/> | <b>PSB</b> |
| 2. Car or Van   | <input type="checkbox"/> | <b>CAR</b> | 7. Taxi                 | <input type="checkbox"/> | <b>TXI</b> |
| 3. Car Share <i>(with child/children from a different dwelling)</i> | <input type="checkbox"/> | <b>CRS</b> | 8. Train                | <input type="checkbox"/> | <b>TRN</b> |
| 4. Cycle  | <input type="checkbox"/> | <b>CYC</b> | 9. Walk                 | <input type="checkbox"/> | <b>WLK</b> |
| 5. Dedicated School Bus *   | <input type="checkbox"/> | <b>DSB</b> | 10. Other               | <input type="checkbox"/> | <b>OTH</b> |
|   |                          |            | Please specify.....     |                          |            |

**I DO NOT wish to give this information**

*\* Note – a public service vehicle will always have a service number, a dedicated school bus will not. Mode of travel information is vital for School Travel Plans and will be updated in your child's class every January by the teacher checking that there has been no change in the way in which your son or daughter gets to our school.*

**I agree that the information I have provided above must only to be used for the purposes indicated within the schools Privacy Notice.**

**Signed..... (Parent/Carer)**

**Date.....**