

Office Use: Date received.....

William Morris Primary School

Nursery Application Form 2020/2021



For September 2020 start: Children born between 1st September 2016 and 31st August 2017 For January/April 2021 start: Children born between 1st September 2017 and 31st March 2018

1. Personal Details

Child's Details

Surname:		- C			
		Gender □ Male □ Female			
Permanent Home Address:				1	Postcode
Date of Birth:		Religion:			
First Language:		Ethnicity:			
Home Language:		Country of Birth:			
English as a 2 nd Language: Yes □ No □		Service Child: Yes □ No □			
Adopted Child: Yes □ No □		Looked After Child: Yes □ No □			
2. Emergency Contact Details (Child's Legal Parents/Carers)					
Name and Informat	tion of First Parent/Care	٢	Name and Information of Second Parent/Carer		
Title First Na	First Name		Title First Name		
Surname:			Surname:		
Address (inc postcode)			Address (inc postcode)		
Relationship to Child:			Relationship to Child:		
Contact Numbers			Contact Numbers		
Work:	Mobile:		Work:		Mobile:
Home Tel:	Parent's DOB:		Home Tel:		Parent's DOB:
Email:			Email:		

Child's Legal Forenames:

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NI Number:		NI Number:		
Additional Emergency Contact Details		1		
Name of Additional Contact: Relations		ne Child:	Contact Number:	
Name of Additional Contact: Relations		ne Child:	Contact Number:	
3. Siblings Please tick all appropriate boxes and p	provide details:			
☐ My child has a sibling at William	Morris Primary Sch	nool	Child's Name	
☐ My child has a sibling due to sta	rt at William Morris	S Primary School	Child's Name	
4. Special Educational Needs/Medical ☐ My child has a statement of Special Needs (SEN)		Please provide det	ails	
My child has Special Educational not have a statement	Needs but does	Please provide details		
Does your child have any medical conditions or allergies that we should be aware of? Yes □ No □		Please provide details		
5. Medical and Dietary Requirements				
Name of Registered Doctors Surgery				
Name of Doctor				
Telephone Number				
Allergies – please detail any allergies reactions (For example: Asthma; Hay Eczema; Food Allergies; Penicillin; Anaphylaxis)				
Dietary Requirements (e.g. vegetarian, no pork etc)				

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NO

YES

Allergic to plasters (please circle)

Medication to be Kept in School		
		15170
Speech Concerns		If YES please provide details:
(Circle as appropriate)		
YES NO		
Referral to Speech Therapist:		
Present treatment if any:		
Eyesight Concerns		If YES please provide details:
(Circle as appropriate)		
YES NO		
Referral to Optician/Hospital:		
Present Treatment if any:		
Hearing Concerns		If YES please provide details:
(Circle as appropriate)		
YES NO		
Personal Hygiene		If NO please provide details
My child can use the toilet and wash	n their	
hands independently: (Circle as appl	ropriate)	
YES NO		
6. Emergency Care		
	_	er needs emergency medical treatment and it proves impossible to
•	ed that we l	have your written permission to act in loco parentis should your
child need to be taken to hospital.		
I give my permission for William Mo	rris Primary	School to act <i>in loco parentis</i> for emergency treatment for my
son/daughter.	inis i i i i i i i i	sensor to det miloto parentis for emergency deatment for my
Signed (Parent/Guardian)		
Date		

7. Parental Consent to use Photographic Images

Sometimes, we take photographs of children either at school or when they are involved in organised activities away from our school site. We may use the pictures in school publications, such as the prospectus, and on our website. We may also make video or web cam recordings for use by the school. To comply with the Data Protection Act 2018, we need your permission to photograph or make any recordings of your child.

Occasionally, the school may be visited by the news media (usually local newspapers) to take photographs or film of an event at the school. Pupils will often appear in these images, which will be published in local newspapers or even broadcast on television.

Please note that:

- Websites can be viewed throughout the world and not just in the United Kingdom, where UK law applies
- Newspapers will be asked to avoid using the child's name if their image is put on the newspaper's own website
- This consent will also be taken to apply to television images, provided that your child is not named except with your specific agreement

Please tick the relevant boxes below to give or decline permission

Name of child	Class	
	I consent	I do not consent
To the school taking photographs of my child for the purpose of promoting or publicising school activities within the school i.e. sports or musical events, for use within the school:		
To photographs including my child to be made available for publication by the media, with the minimum level of information attached:		
To the school using photographs of my child on the school website:		
To the school using images of my child's work on the school website and other social media:		
To the school using video clips of my child for use in school:		
To the school using video clips of my child on the school website:		
To the school making video clips of my child available to the media to promote / publicise school activities:		

Declaration

I have read and understood the consent form. These permissions will be reviewed and updated annually, and I understand that I can withdraw my consent at any time by completing another form. (Please note that it will not be possible to delete photographs/video clips that have been archived)

I promise that if I, or member of my family, take photographs or video recordings at a school event, these will be kept for family use only.

Signed by Parent/Carer	·DateDate
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8. Places Required		
Please state the place you would pr	efer:	
	nly, every day Mon-Fri (8:30am – 11:30am) only, every day Mon-Fri (12.15pm-3.15pm	
or		
	ay Mon-Fri, mornings and afternoon sessions (lunchti will be charged at £4 per child per day not including fo	•
	antee that we will be able to provide your preferred se 5 morning or 5 afternoon sessions or 30 hours, all Ma available.)	
	ly with the General Data Protection Regulations 2018 ed to other agencies for educational purposes.	Data collected is for the
If you wish for your child to carry me which can be collected from the Sch	edication in school e.g. an inhaler, then we must have bool Office.	a signed request form
This section concerns local visits and	d your permission;	
I hereby give permission for my child	I to go on local visits and walking/travelling to a local a	activity.
SIGNED:	DATE:	
of false information may be withdr	on this form is correct. I understand that any offer of awn, even if my child has started at the nursery. I d arrangements to ensure my child's regular and pund place is offered.	understand that I shall be
If you are offered a place you will ne proof of address.	ed to provide a copy of your child's birth certificate to	gether with an up to date
Print Name:	Relationship to Child:	Date:
Signed:		

Please let us know how you heard about our Nursery:

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