



Dishforth Airfield CP School

Nursery Admission Form

PLEASE COMPLETE ALL PAGES AND RETURN TO THE SCHOOL OFFICE. All other documents in this pack are for your records

Pupil Details

Christian Names

Surname

Known as

Male/Female

Address

Date of Birth

Current Year
Group

Position of child in the family

Previous Schools

School

Address

Telephone No

Date Left

School

Address

Telephone No

Date Left

School

Address

Telephone No

Date Left

Please continue on a separate sheet if necessary



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Parent/Carer 1

Name (Mr/Mrs/Miss/Other) _____

Address (if different to childs) _____

Relationship to Child _____

Parent Responsibility/custody _____

Telephone Numbers _____

Email _____

☐ Permission to take home

Parent/Carer 2

Name (Mr/Mrs/Miss/Other) _____

Address (if different to childs) _____

Relationship to Child _____

Parent Responsibility/custody Yes/No _____

Telephone Numbers _____

Email _____

☐ Permission to take home

Additional Emergency Contacts *(other adults who we may contact in the event of an emergency when parents are not available to contact).*

Name	Relationship to Child	Contact Numbers	Permission to take home. Yes/No



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Other Contact - If you would like correspondence to be sent to a parent who the child does not normally live with, please provide details below

Name (Mr/Mrs/Miss/Other)	_____
Address (if different to child's)	_____
Relationship to Child	_____
Parent Responsibility/custody	Yes/No
Telephone Numbers	_____
Email	_____

Support Information

Does your child currently have an Educational Health & Care Plan. <i>(Formerly known as a Final Statement of Special Educational Needs)</i>	Yes	No
Is your child currently undergoing Statutory Assessment of Special Educational Needs	Yes	No
Are there any of the following in place for your child: Court Order / Care Order / Residence Order <i>*If yes please provide details</i>	Yes	No
Was your child previously looked after (adopted, or subject to a residence or special guardianship order?) <i>Please provide a copy of the adoption /residence /special guardianship order.</i>	Yes	No

Medical/Dietary Information (We are required by North Yorkshire County Council to obtain details requiring medical attention such as Asthma, diabetes etc)

Medical Condition (s)	
Allergies (if yes, please provide details)	
Date of Last Tetanus	



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Asthma Suffers only

Does your child use an inhaler?	Yes	No
Does your child need to have an inhaler at school? <i>If yes, please complete a medicine form, located in the main foyer</i>	Yes	No
In order for staff to help your child, please let us know any triggers that may set off the Asthma:		

Doctor Information

Name of Doctor (if known)

Address

Telephone Number

If your child should need to be taken to hospital, an ambulance will be called and, if parents are not available, a member of staff will accompany and school will phone the parent/s to meet the ambulance at A&E. The member of staff will stay with the child until a parent arrives. Health professionals are responsible for any decisions on medical treatment in the absence of a parent.

Staff will not take a child to hospital in their own car unless it is an absolute necessity.

First Aiders

We have trained first aiders on site at all times throughout the school day who are aware of the most common serious medical conditions at this school.

Asthma

If your child suffers from Asthma please ensure your child has an inhaler in school.

Medication

If your child needs to have prescribed medication at any time during the school day, you are quite welcome to come into School to administer it or complete a medication consent form (Entrance area).

I understand that my child will receive emergency medical treatment if appropriate.



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Other information

First language		Ethnicity e.g. (please circle one or write in space provided)		
Any other languages spoken at home		Any other Asian background Any other Black background Any other ethnic group Any other White Background Black-African White-British White & Black Caribbean Prefer not to Specify Other – Please specify below		
Nationality				
Religion	Faith			
Military Family	Entitled to free school meals (Years 3 – 6 only)		Transport Type	
YES/NO	YES/NO		Walk/Car/Bike/Other	
Swimming Ability	Non-Swimmer	Swim with buoyancy aids	Swims 25 meters unaided	Competent swimmer

Diversity - We are very lucky here at Dishforth Airfield Community Primary School that we have children who are from the length and breadth of the country, and the world. We like to celebrate the diversity and roots of where the children have come from with a display in the hall. If you have a new child to the school, we would be very grateful if you could fill in the attached slip to let us know where you consider your roots to be so that we can add your child to the display.

Name of area/county/country you consider your roots to be:	
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About your child

Please provide any other information which will help us to get to know and understand your child.



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CONSENT – TO BE RETURNED TO SCHOOL

I confirm that I have read, understood and shared with my child (where relevant) the following documentation within this admission pack:

- | | |
|-----------------------------|---------------------------------------|
| GDPR – Privacy Notice | Please tick: <input type="checkbox"/> |
| Home School Agreement | Please tick: <input type="checkbox"/> |
| Internet use | Please tick: <input type="checkbox"/> |
| Local Activities Permission | Please tick: <input type="checkbox"/> |
| Swimming Consent | Please tick: <input type="checkbox"/> |

Image of Photograph Consent

Please tick all statements below, where you give your consent for your child to have a photograph or video taken of them:

- | | |
|--|---------------------------------------|
| ❖ In your child's workbook | Please tick: <input type="checkbox"/> |
| ❖ Unnamed photo(s) on school displays | Please tick: <input type="checkbox"/> |
| ❖ Unnamed image(s) in promotional literature | Please tick: <input type="checkbox"/> |
| ❖ Unnamed image(s) on our school website | Please tick: <input type="checkbox"/> |
| ❖ Unnamed photograph(s) of a child in external publications (such as local newspapers) | Please tick: <input type="checkbox"/> |

Sunscreen

- | | |
|--|---------------------------------------|
| ❖ I have read and support the Use of Sunscreens Procedure | Please tick: <input type="checkbox"/> |
| ❖ I will provide my child/ren with a non-aerosol, high SPF sunscreen product for use on site and on outings in accordance with the site's procedures. | Please tick: <input type="checkbox"/> |
| ❖ I give my permission for approved staff to apply sunscreen when this is considered necessary. (Nursery/Reception Children ONLY). | Please tick: <input type="checkbox"/> |
| ❖ If your child doesn't have sunscreen at any time, I give my permission for the sunscreen to be provided by the school. (See Parental Consent Sun Safety Page). | Please tick: <input type="checkbox"/> |

Parent Consent - I will keep the school informed of any changes to any of the information provided in this admission pack.

Parent/Carer (print name) _____

Signature _____ Date _____