

Oswald Road Primary School

EYFS Admission Form

Headteacher: Mrs D Howard | Tel: 0161 881 4266 | Email: admin@oswaldroad.manchester.sch.uk

Please complete all sections of this form. Please write in capital letters using a black pen.

Student Information

Surname		Address Street No. and Name	
Forename		Town	
Middle name(s)		County	
Preferred Name		Postcode	
Date of Birth		Home Tel. No.	
Gender		Identity Documents	

Parental/Carer Information (living at same address as child)

Title (please tick)	Mr	Mrs	Miss	Ms	Dr.	Rev.		Title (please tick)	Mr	Mrs	Miss	Ms	Dr.	Rev.	
Forename							Forename								
Surname							Surname								
Relationship (please tick)							Relationship (please tick)								
Contact numbers							Contact numbers								
	Mobile							Mobile							
	Home							Home							
	Work							Work							
	Email							Email							
Parental Responsibility			Yes/No				Parental Responsibility			Yes/No					

If parents are not living together we are required to send school reports etc. to both parents who have Parental Responsibility. Unless there is a court order in place, school has a legal responsibility to keep both parents informed of child's schooling. Please give details below -

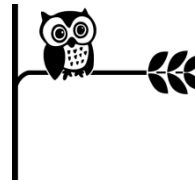
Mother's Name		Father's Name	
Mothers address (if different from above)		Father's address (if different from above)	
Telephone No.		Telephone No.	
Mobile No.		Mobile No.	

Please give details of any siblings and the School/Nursery they attend:

Name:	Date of Birth:	School/Nursery Attending:

If the child does not live with both his/her parents, please advise if there is a court order concerning the child. Court Order (please tick).

Yes []
No []



Emergency Contacts

Should an emergency occur, **IT IS VITAL**, that we are able to contact you. Please provide alternative emergency contacts.

Emergency Contact Name (and relationship to child) E.g. Family Friend		Emergency Contact Name (and relationship to child)	
Contact numbers		Contact numbers	

Medical Information

Doctors Name	
Surgery Name	
Surgery Address	
Surgery Tel. No.	

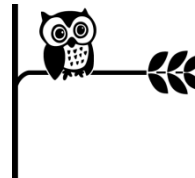
Medical Details

Does your child suffer from any of the following? *(Please tick)* If your child is under the care of a specialist for their condition please provide their information and next review date.

Asthma	
Inhaler	
Allergies	
Hayfever	
Epilepsy	
Diabetes	
colour blindness	
Other please specify	

Does your child require medical treatment, including medication?

When did your son/daughter have a last tetanus injection



Cultural Information

Ethnicity

White:	British	[]	Irish	[]	Other (<i>please specify</i>)					
Black or Black British:	African	[]	Caribbean	[]	Other (<i>please specify</i>)					
White Other	Greek/Greek Cypriot	[]	Turkish	[]	Turkish/Cypriot	[]	Kurdish	[]	Gypsy/Roma	[]
	Irish Traveller	[]	Other (<i>please specify</i>)							
Asian or Asian British	East African Asian	[]	Pakistani	[]	Bangladeshi	[]	Indian	[]	Other	
		[]								
Do not wish to divulge []										

Language

Main Language Child Speaks At Home (**Home**):

First Language Child was exposed to (heard) (**First**):

Any Additional Languages Spoken By the Child:

Travel Arrangements

Is either parent with parental responsibility and providing parental care currently serving in the Armed Forces?	Yes []
	No []

Mode of Transport: Public Transport Bicycle [] Walk Car [] Car Share (with other children) []

Welfare

Has your child ever been in LA Care	Y/N	Is your child an adopted child	Y/N
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Safeguarding

Is your child/family known to children's services?		Y / N
What is the name of the allocated social worker?		
What local authority do they work for?		
Is your child/family receiving support from Early Help?		Y / N
What is the name of the practitioner supporting your family?		

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What local authority do they work for?	
Please provide the contact details for the professionals working with your family	

Education Details

Previous School		School Address	
Telephone No.		Town	
Name of Headteacher		Postcode	
Dates From		Dates To	

Previous School		School Address	
Telephone No.		Town	
Name of Headteacher		Postcode	
Dates From		Dates To	

Special Educational Needs

Does your child have any special educational needs? Yes No

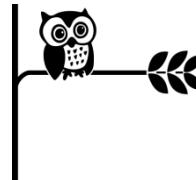
If Yes, please specify below:

Involvement of other services (*Please enclose relevant reports and advice*)

Service and name of professional involved	Date of involvement
Educational psychology	
Specialist outreach support	
Community Paediatrics	
CAMHS / CAPS	
NHS SALT	
Private SALT / School-employed SALT	
Audiology	
Opticians	
Does your child wear glasses?	Yes No
Other - please state:	

I give permission for school to contact all professionals involved in my child's care:

Yes / No



Lunch Arrangements

When your child joins nursery they will have the opportunity to have a school dinner or packed lunch. School dinners can be paid for on a weekly, termly or half-termly basis via Parent Pay (school will set up an account for you when your child starts). Please see our website for costs.

Do you wish your child to have a school meal? Please circle Yes / No

Is your child entitled to Free School Meals? Please circle Yes / No

Do you think that your child may be entitled to Free School Meals? Please circle Yes / No

Does your child have any special dietary requirements? _____

If so, is this a personal choice / due to an allergy? Please circle/tick

Further allergy details should be noted on the Medical section.

School does not serve pork, beef or kosher.

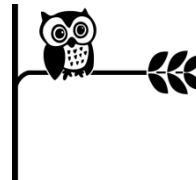
Please tick if applicable

Vegetarian		No dairy	
Vegan		No fish	
Halal only			
Gluten Free			

If for any reason you would like to change your child's lunchtime arrangements, you will need to fill in our online form with 2 weeks' notice as all meals are pre-ordered.

Parental Permissions

School Visits: The children are sometimes taken on educational visits within the local community and we need to have your permission for this. Please note that you have the right to refuse permission on specific occasions, should you wish. I give permission for my child to be taken on school trips.	<u>Please</u> <u>tick</u>
Celebrations and Assemblies: I give permission for my child to participate in celebrations and assemblies (e.g. Birthdays, Festivals, etc).	
Email Communication: I am happy to receive correspondence via email/text (e.g. newsletters, letters, etc.). Email address:	



Pick-up Password

Safeguarding is extremely important to our community at Oswald Road and therefore we are asking that you provide us with a pick-up password for your child. This is a very common practice done in a lot of Early Years settings.

If someone arrives to collect your child and the adult in the room is not familiar with them, then they will ask them for the pick-up password. This password should be unique to your child and all parents/ carers who pick them up will need to be able to remember it.

Anyone we are not familiar with and don't know the password, the child will not be able to leave with them. If this situation happens, we will contact you and our Safeguarding team informed.

Pick-up Password: _____

Tapestry Online Learning Login

As you may already be aware, we use a system called Tapestry (an online learning journey) to record your child's development and progress during their time in EYFS. In order for us to begin sharing your child's achievements, we will need to set up an account/s for you.

I hereby agree for my child's photo to be shared with the group via Tapestry i.e. nursery or reception:

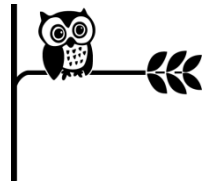
Signed: _____

Please set up an account in the following name(s) _____

Using the following email address(s): _____

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Signed: _____ Parent/Carer Date: _____

Please Print Name: _____

For Office Use Only

Admission Date		Entered on SIMS By	
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