**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Address** Street No. and Name |  |
| **Forename** |  | **Town** |  |
| **Middle name(s)** |  | **County** |  |
| **Preferred Name** |  | **Postcode** |  |
| **Date of Birth** |  | **Home Tel. No.** |  |
| **Gender** | Male [ ] Female [ ] |  |  |

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

**Please complete all contact details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** (please tick) | Mr | Mrs | Miss | Ms | Dr. | Rev. |  | **Title** (please tick) | Mr | Mrs | Miss | Ms | Dr. | Rev. |
| **Forename** |  |  | **Forename** |  |
| **Surname** |  |  | **Surname** |  |
| **Date of Birth** |  |  | **Date of Birth** |  |
| **Relationship**(please tick) | Mother [ ] Father [ ]Stepmother [ ] Stepfather [ ]Grandparent [ ] Carer [ ] |  | **Relationship**(please tick) | Mother [ ] Father [ ]Stepmother [ ] Stepfather [ ]Grandparent [ ] Carer [ ]  |
| **Contact Numbers** | Mobile |  | **Contact Numbers** | Mobile |
| Home |  | Home |
| Work |  | Work |
| Email |  | Email |

|  |
| --- |
| **Any other Adults (over 18) living at the same address as the child:****NAME:** |
| **Address:**  |
| **Telephone No.** |  | **Telephone No.** |  |
| **Mobile No.** |  | **Mobile No.** |  |

**If either parent, who has parental responsibility, lives at a different address from your child please provide details below:**

**Unless there is a court order in place, school has a legal responsibility to keep both parents informed of child’s schooling.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mother’s Name** |  | **Father’s Name** |  |
| **Mothers address** (if different from above) | **Father’s address** (if different from above) |
| **Telephone No.** |  | **Telephone No.** |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Has your child ever been in LA Care** | Y/N | **Is your child an adopted child** | Y/N |
| **Is your child entitled to Free School Meals** | Y/N | **Do you think that your child may be entitled to Free School Meals** | Y/N |

|  |
| --- |
| **Does your child have any siblings at the school? If yes please complete:**Name: Class: Name: Class:  |

|  |
| --- |
| **Please provide any additional information that we may need to know about your child, for example involvement with outside agencies including SEN, Health, Social Care etc:** |
|  |

|  |  |
| --- | --- |
| **I understand that the offer of a Nursery place does not guarantee a place in the** **Reception Class** | Please tick |
| **I have checked the information above and confirm that it is correct** | (Signed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |