

Headteacher: Mrs Lisa Dale

To ensure our Admission Register is correct, please complete this form and return it to school. Please let us know if, in the future, any of these details change. Great Bradfords Infant and Nursery School fully complies with information legislation. For full details on how we use your personal information please visit our website: <https://www.gbins.co.uk/our-school/privacy-notice/> or call 01376 326891 if you are unable to access the internet.  
 **PLEASE COMPLETE ALL SECTIONS USING BLOCK CAPITALS  
CHILD’S DETAILS**

Surname……………………………………………… Forename……………………………………………………..

Date of Birth ………………………….………………. Gender…………………..…………………………………..

Child’s Address …………………………………………………………………………… Postcode ……………….

Parent/Carer 1 Name ………………………………………………………………………….. Title ………………..

Home address and postcode if different from child……………………………………………………………….

\*National Insurance Number ……………………………………\*Date of Birth.……………………………………

Tel No……………………………Mobile No…………………..….……Work No…….……………….………….

Email……………………………………………..….……………………………...…….……………….………….

Relationship to child ……………………………………... Parental responsibility 🞏 Yes 🞏 No

Parent/Carer 2 Name ……………………………………………………………,………….. Title …………………..

Home address and postcode if different from child……………………………………………………………….

\*National Insurance Number ……………………………………\*Date of Birth.……………………………………

Tel No……………………………Mobile No…………………..….……Work No…….……………….………….

Email……………………………………………..….……………………………...…….……………….………….

Relationship to child ……………………………………... Parental responsibility 🞏 Yes 🞏 No

**\*This information is requested to allow the school to check your child’s eligibility for Early Years Pupil Premium, you are not obliged to provide these details but by doing so the school may be entitled to extra funding**

I/We wish to

receive emails, which provide letters, newsletters, menus and in school event flyers

🞏 Yes 🞏 No

receive text messages, which provide urgent information, menu changes and upcoming events in school

🞏 Yes 🞏 No

If choosing yes to emails and texts the email and phone number of parent/carer 1 provided above will be used.

**ADDITIONAL EMERGENCY CONTACT DETAILS**

Name……………………………..……………………………… Relationship to child……………..……..………….

Tel No……………………………Mobile No…………………..…….……Work No…….……………….…………….

Name…………………………………………………………..… Relationship to child…………………….…………

Tel No……………………………Mobile No……………………….………Work No……………………...................

**HEALTH INFORMATION**

**DOCTOR / MEDICAL**

Child’s Surgery…………………………………………………………… Tel No………..…………………………….

Please indicate if your child suffers from any disability or any of the following medical conditions / allergies:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Asthma | Epilepsy | Diabetes | Hay Fever | Hearing  Problems | Eyesight  Problems | Speech  Problems |
| Vegetarian | Special Diet  \*Please specify | No Artificial  Colouring  \*Please specify | Gluten Free  \*Please specify | No Nuts | No Pork | Dairy Allergy  \*Please specify |
| Seafood Allergy  \*Please specify | Halal | Kosher foods  Only | Egg Allergy | Any other allergies/conditions  \*Please specify | | |

Please specify in detail …………………………………………………………………………………………….

………………………………………………………………………………………………………………………………

**SPECIAL EDUCATIONAL NEEDS**

Does your child have any special educational needs? Is a One Plan or any other form of support plan already in place?

🞏 YES 🞏 NO

If yes, please give details ............……………………………………………………………………………………….

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**ETHNICITY**

Ethnicity ……………………………… Home Language …………………First Language ……………..…………

Is English used in your home as an additional Language 🞏 YES 🞏 NO

**RELIGION**

Religion ……………………………………………………………………………..

**PREVIOUS SCHOOL/NURSERY SCHOOL**

Name ……………………………………………………………….. Tel No …………………………………………….

Start Date …………………………………………….. Leaving Date ..…………………………………………………

Have you any other children at this school (name) ……………………………………………………………………

Have you any other children in the Junior School (name) ……………………………………………………………

**OTHER INFORMATION**

Child looked after (CLA) 🞏 YES 🞏 NO

Asylum seeker/refugee pupil 🞏 YES 🞏 NO

Social Worker 🞏 YES 🞏 NO If yes, please provide contact details.

**FAMILY INCOME AND BENEFIT DETAILS**

Do you receive any of the benefits listed below: 🞏 YES 🞏 NO

* Income Support
* Income-based Jobseekers Allowance
* Income-related Employment and Support Allowance
* Support from NASS under Part 6 of the Immigration and Asylum Act 1999
* The guarantee element of Pension Credit
* Child Tax Credit (with no Working Tax Credit)
* Universal Credit – if your household income is under £7,400 per annum.

**Any further information that you think the school should know:**

**PARENTAL CONSENT**

Copyright: my child’s work to be copied or used on our website, newsletter or media 🞏 YES 🞏 NO

My child to be taken out of school for local educational visits and events 🞏 YES 🞏 NO

**Images of your child**

To comply with data protection law we need your written consent to use your child’s image. Please note, published images can be viewed throughout the world and not just in the United Kingdom where UK law applies. By ticking the boxes below and signing this form, you are giving consent for Great Bradfords Infant and Nursery School to use the information in the following ways.

Within the school (displays, classrooms, class photos etc) 🞏 YES 🞏 NO

On the school website, in school newsletters, in school brochures etc 🞏 YES 🞏 NO  
These images may be used until the end of print run or until the website is updated.

Third parties ie local newspapers (please be aware newspapers may be published online) 🞏 YES 🞏 NO

Parent / Guardian Signature …………………………………………………. Date …………………………………

**For Office Use Only:**

Birth Certificate Seen 🞏 Arbor updated 🞏 EYPP 🞏