

Wood End Primary School

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For official use only: Reg date: Adm date: Adm.No: B/C seen:
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NURSERY APPLICATION / REGISTRATION FORM

SURNAME:	FIRST NAMES:
BOY/GIRL:	DATE OF BIRTH:
COUNTRY OF BIRTH:	DATE OF ENTRY TO UK:
ADDRESS:	
POSTCODE:	HOME TELEPHONE NUMBER:
RELIGION:	NHS NUMBER:
PREFERRED NURSERY SESSION: : MORNING / AFTERNOON / FULL TIME (PLEASE CIRCLE)	
NAME OF ANY NURSERY/SCHOOL ATTENDED:	

MOTHER'S FIRST NAME:	MOTHER'S SURNAME:
MOTHER'S WORK NO:	MOTHER'S MOBILE:
EMAIL ADDRESS:	
FATHER'S FIRST NAME:	FATHER'S SURNAME:
FATHER'S WORK NO:	FATHER'S MOBILE:
EMAIL ADDRESS:	
First person to call/text in case of illness or emergency MOTHER / FATHER	

IF YOUR CHILD HAS PREVIOUSLY BEEN IN CARE PLEASE SPEAK IN CONFIDENCE TO THE HEADTEACHER

NAMES OF BROTHERS/SISTERS:	DATE OF BIRTH	ATTENDING WHICH SCHOOL

NAME/DETAILS OF THOSE WHO WILL COLLECT MY CHILD FROM SCHOOL:		
FULL NAME:	RELATIONSHIP:	PHONE NO:
FULL NAME:	RELATIONSHIP:	PHONE NO:
FULL NAME:	RELATIONSHIP:	PHONE NO:

SPECIAL EDUCATIONAL NEEDS:

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS? YES/NO

IF YES, PLEASE STATE THE NEED:

HAS YOUR CHILD SEEN A PROFESSIONAL, SUCH AS A PAEDIATRICIAN OR A SPEECH & LANGUAGE THERAPIST: .YES/NO

IF YES, PLEASE GIVE THEIR NAME:

IS YOUR CHILD OR FAMILY INVOLVED IN ANY OUTSIDE AGENCIES:YES/NO

IF YES, PLEASE STATE WHICH AGENCY:

LUNCH TIME:

ALL CHILDREN IN RECEPTION AND KEY STAGE 1 ARE ELIGIBLE FOR FREE SCHOOL MEALS.

IF YOUR CHILD IS IN KS2 PLEASE INDICATE WHETHER THEY WILL HAVE A SCHOOL MEAL: **YES/NO**

ARE THERE ANY FOODS THAT YOUR CHILD MUST **NOT** EAT FOR EITHER RELIGIOUS OR MEDICAL REASONS? IF SO, PLEASE STATE:

MODE OF TRANSPORT:

PLEASE INDICATE HOW YOUR CHILD NORMALLY TRAVELS TO SCHOOL

BUS CAR/VAN CYCLE TRAIN TAXI WALK

MEDICAL HISTORY:

IS YOUR CHILD SUFFERING OR EVER SUFFERED FROM ANY OF THE FOLLOWING:

ALLERGIES		DIFFICULTIES WITH:	
FITS/CONVULSIONS		SIGHT	
NOSE BLEEDS		HEARING	
ASTHMA		SPEECH	
HEART CONDITION		OTHER	

DOES YOUR CHILD HAVE ANY MEDICATION SUCH AS AN ASTHMA PUMP OR EPIPEN? YES/NO

IF THEY HAVE AN ASTHMA PUMP OR EPI-PEN WE WILL NEED TO KEEP ONE IN SCHOOL

DOES YOUR CHILD HAVE A MEDICAL CARE PLAN YES/NO

IF YES, PLEASE PROVIDE A COPY

NAME, ADDRESS & TELEPHONE NUMBER OF DOCTOR:

Ethnic Background Record Form

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child named above.

(A) WHITE

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Traveller of Irish Heritage
<input type="checkbox"/>	Gypsy/Roma
<input type="checkbox"/>	White Eastern European
<input type="checkbox"/>	White Western European
<input type="checkbox"/>	Any other White Background

(B) MIXED

<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	Any other Mixed Background

(C) ASIAN or ASIAN BRITISH

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	African Asian
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian Background

(D) BLACK or BLACK BRITISH

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Ghanaian
<input type="checkbox"/>	Nigerian
<input type="checkbox"/>	Somali
<input type="checkbox"/>	Other Black African
<input type="checkbox"/>	Any other Black Background

(E) CHINESE

<input type="checkbox"/>	Chinese
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(F) ANY OTHER ETHNIC GROUP

<input type="checkbox"/>	Afghan
<input type="checkbox"/>	Other Arab
<input type="checkbox"/>	Iranian
<input type="checkbox"/>	Iraqi
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Latin/South/Central America
<input type="checkbox"/>	Any other Ethnic Group

Please also provide details of:

Main language spoken at home: _____

Other languages spoken within the family: _____

I do not wish an ethnic background category to be recorded:

Completed by parent / guardian

Immigration Status – for information only – this does not affect your child’s right to a school place:

Are you an asylum seeker?YES/NO

Does your family have refugee status?YES/NO

Parental Consent Form

There are various times within school when we need parental consent. These are outlined below, and require your consent in order that your child can participate. This form is valid for the period of time that your child attends this school. The consent will automatically expire after this time.

Please tick the appropriate options and complete the rest of the form before signing and dating.

During their time at Wood End Primary School, children may sometimes leave the school premises as a class, or in small groups, under adult supervision, in order to visit, for example the library or other local areas of interest. This is in addition to class trips/outings of which we will seek separate consent for.	Yes	No
My child may take part in tasting activities as part of the curriculum.	Yes	No
The school provides computers for pupils to use which enables them to access information for use in studies and learning within the classroom. Pupils must adhere to the relevant policies regarding the use of IT equipment. I give permission for my child to use the school computer facilities and access the internet in line with the policy	Yes	No
My child is permitted to use Purple Mash at home and at school and I agree to accept	Yes	No
<p>Consent to using your child's images will last throughout your child's time at the school and will continue to apply for a short time after they leave (except for images published for historical purposes which may be kept for an extended period of time to show the history of the school).</p> <p>We would like to seek your consent to the use of your child's images and will respect your decisions when publishing photos moving forward.</p> <p>You can withdraw your consent at any time and can do so by writing to the school administrator asking them to stop using your child's images. At that point they will not be used in future publications but we cannot prevent them from continuing to appear in publications already in circulation.</p> <p>I agree to consent to images of my child being used on the school's:</p> <ul style="list-style-type: none"> ● Social media accounts (i.e. Twitter, Facebook, Youtube, Instagram) ● Newsletters ● School flyers, brochures and leaflets ● Other promotional material (i.e. banners, signs & displays) ● Advertising in newspapers and other media ● In and around the school building 	Yes	No
I have received the Code of Conduct and Home School Agreement and will ensure that my child and I adhere to them.	Yes	No
I have received the Toileting Policy and agree that my child maybe assisted/ supervised by a member of Wood End Primary staff should this be required.	Yes	No
Data Protection Act 2018: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the information provided with the Local Authority and with the Department for Education.	Yes	No

Parent/Carer/Guardian Signature: _____ Date: _____

Parent/Carer/Guardian Signature: _____ Date: _____

Don't Miss Out on Free School Meals!

Please provide the following information



So that London Borough of Ealing schools can get up to 30 per cent extra funding from central government for the next six years, it is extremely important that ALL parents and carers fill in this form – even if your child currently does not have school meals.

It will help schools to claim an extra £1,300 for each pupil who would have qualified for free school meals.

You only need to fill in this form once and it will last for the duration of your child's time at school in the London Borough of Ealing. We will hold your information in case your child qualifies for free school meals in the future.

Benefit Application:

Please indicate which benefits you receive:

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Does your child receive Disability Access Funding Allowance: YES/NO

Parent/Carer Details

Title: First Name: Surname:

Date of Birth: National Insurance No.:

Relationship to child:

Title: First Name: Surname:

Date of Birth: National Insurance No.:

Relationship to child:

I declare the information I have given on this form is correct and complete

Print Name:

Signature: Date:

Thank you for your help in providing this information. It is all held in the strictest confidence.

[With this Nursery application we will need a copy of your child's birth certificate and proof of address for the parent/carers.](#)