



West Exe Nursery School

Cowick Street, Exeter EX4 1HL Tel: 01392 279361

Date to start:

Age when starting:

Preferred Sessions:

Term time only

All year round



APPLICATION FOR A NURSERY SCHOOL PLACE

YOUR CHILD'S DETAILS

First name (s)

Family name

Home address
(where the child is normally resident)

Postcode

Date of birth

Birth Certificate attached

Male or Female

M

F

To help us provide equal opportunities for everyone, please provide your child's ethnic group code (from list below):

Ethnic Group Code

see below

Nationality

What language is used at home?

Brother / Sister's name

Date of birth

Brother / Sister's name

Date of birth

Does your child have any specific needs (medical/educational/social) that the school should be aware of?

Yes

No

If Yes, please give details

Are there any other professionals involved with your child/family? (e.g. Social Worker, Joint Agency Team)

Yes

No

If Yes, please give details

Does your child attend any other pre-school group?

Yes

No

If Yes, please give details

YOUR DETAILS

Title / First name

Family name

Address

Postcode

Home telephone

Relationship to child

Ethnic Group Code

see below

Country of origin

DOB

National Insurance Number:

Ethnic Group Codes

	Black-Caribbean	BC	Mixed: White and Black African	WBA	Asian-Pakistani	AP
	Black-African	BA	Chinese	C	Asian-Bangladeshi	AB
	Black-Other	BO	Other ethnic group	O	Asian-Other	AO
White-British	WB		Asian-Indian	AI	Mixed: White and Asian	WA
White-Irish	WI				Mixed: Other	MO
White-Other	WO					
	Mixed: White and Black Caribbean	WBC				

MEDICAL REGISTRATION FORM

Doctor's Details

Doctor's Name	<input type="text"/>	Doctor's telephone number	<input type="text"/>
Practice Name and Address	<input type="text"/>		
Post code	<input type="text"/>		
Health Visitor	<input type="text"/>		

Medical information

Has your child any allergies?

Yes No If Yes, please give details

Is your child currently taking any medication? (Please see our policy regarding administering medication)

Yes No If Yes, please give details

Please give any other information that will assist the Nursery staff to provide care for your child

I give my consent for the Nursery School to give or arrange emergency medical treatment for my child

Print name Sign Date

EMERGENCY CONTACTS

First Contact

Second Contact

Title / First name

Family name

Address

Postcode

Home telephone

Work telephone

Mobile telephone

Relationship to child

First language

Title / First name

Family name

Address

Postcode

Home telephone

Work telephone

Mobile telephone

Relationship to child

First language

Third contact

Non-Resident Parent Details

Title / First name

Family name

Address

Postcode

Home telephone

Work telephone

Mobile telephone

Relationship to child

First language

Title / First name

Family name

Address

Postcode

Home telephone

Work telephone

Mobile telephone

Relationship to child

First language

TRAVEL INFORMATION – we are required to collect the following information by Devon County Council

Please tick to indicate which of the following you and your child are most likely to use to get to Nursery School

car share
 car or van
 bicycle
 bus
 taxi
 walk

other (please specify)

CONSENT

Child's name

Date of birth

Trips within the St Thomas area

During the year the children may leave the school site and go into the Cowick Street / St Thomas area with their teachers and learning support staff. This will be for planned work and will be carefully supervised. We would be grateful if you would indicate below if you are agreeable to your child taking part in class projects in the St Thomas area.

If you do NOT give permission for your child to leave the school site to trips within the St Thomas area, please tick the box.

Photography

On occasions photographs may be taken by visitors to the School, School staff and also by the local press to accompany articles being published. Please sign below to say that your agreement is given for your child to take part in a photography / video shoot for West Exe Nursery School and that you consent to full use of the material by West Exe Nursery School in any form and in any medium which reasonably promotes or advertises the aims of West Exe Nursery School, or for service evaluation. The photographs / video will not be used for any other means.

If you do NOT give permission for photographs/video to be taken of yourself or your child(ren) during activities, please tick the box.

Data Protection

- The information given in this form will be stored electronically and physically (whilst your child is on our waiting list or attending/registered in school) and used to enable the Nursery School to carry out its lawful business and to communicate with you.
- At times the information may be shared with Devon County Council/OFSTED for monitoring and evaluation purposes.
- We are legally obliged to share information with DCC if there are any safe-guarding concerns about you or your child(ren).
- All data will be kept in accordance with the GDPR and you have the right to access any information we hold on you or your child(ren) or to withdraw consent by speaking to reception.

Print name:

Sign:

Email address:

Date: