



AINTREE DAVENHILL PRIMARY SCHOOL



ADMISSION FORM – NURSERY

Please complete and return this form along with the child's birth certificate and proof of address to the school office

It is essential that all the questions on this form are answered fully, some are for school record purposes and some are required by the Department for Education. For more information about how we use this data please visit <http://www.aintreedavenhill.net/school-policies> and click on privacy notice.

CHILD'S INFORMATION

CHILD'S FORENAME:

CHILD'S MIDDLE NAME(S):

CHILD'S SURNAME:

CHILD'S PREFERRED NAME (If different to above):

DATE OF BIRTH:

CHILD'S HOME ADDRESS:

.....POSTCODE:.....

WHAT IS YOUR CHILD'S HOME LANGUAGE(S):

GENDER: (PLEASE TICK RELEVANT BOX) MALE ☐ FEMALE ☐

IS YOUR CHILD: (PLEASE TICK RELEVANT BOX)

A child looked after (by social services) ☐ A previously looked after child (by social services) ☐
Not applicable ☐ Staff members child ☐

PARENT/GUARDIAN OF CHILD IN ARMED FORCES: YES ☐ NO ☐

ETHNICITY: (PLEASE TICK RELEVANT BOX)

BANGLADESHI <input type="checkbox"/>	BLACK AFRICAN <input type="checkbox"/>	BLACK CARIBBEAN <input type="checkbox"/>	CHINESE <input type="checkbox"/>
GYPSY/ROMA <input type="checkbox"/>	INDIAN <input type="checkbox"/>	PAKISTANI <input type="checkbox"/>	WHITE—BRITISH <input type="checkbox"/>
WHITE—IRISH <input type="checkbox"/>	WHITE & ASIAN <input type="checkbox"/>	WHITE & BLACK AFRICAN <input type="checkbox"/>	
WHITE & BLACK CARIBBEAN <input type="checkbox"/>		ANY OTHER ETHNIC GROUP <input type="checkbox"/>	

RELIGION: (PLEASE TICK RELEVANT BOX)

BUDDHIST <input type="checkbox"/>	CHRISTIAN <input type="checkbox"/>	HINDU <input type="checkbox"/>	JEWISH <input type="checkbox"/>
MUSLIM <input type="checkbox"/>	SIKH <input type="checkbox"/>	NO RELIGION <input type="checkbox"/>	OTHER RELIGION <input type="checkbox"/>

MODE OF TRAVEL TO SCHOOL: (PLEASE TICK RELEVANT BOX)BUS ☐ CAR ☐ CYCLE ☐ TAXI ☐ TRAIN ☐ WALK ☐**SIBLING DETAILS: (PLEASE NAME ANY SIBLINGS ALREADY ATTENDING AINTREE DAVENHILL)**

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MEDICAL DETAILS

MEDICAL PRACTICE: DOCTOR:

ADDRESS: TELEPHONE:

DOES YOUR CHILD HAVE A STATEMENT OF SPECIAL EDUCATIONAL NEEDS OR AN EDUCATION HEALTH CARE PLAN: YES ☐ NO ☐ IN PROCESS ☐**DOES YOUR CHILD HAVE ASTHMA? (PLEASE TICK RELEVANT BOX)** YES ☐ NO ☐*If yes, the school has an Asthma Register - please ask for a form when your child starts at Aintree Davenhill Primary School.***DOES YOUR CHILD HAVE ANY OF THE FOLLOWING DIAGNOSED MEDICAL CONDITIONS?**

Cerebral Palsy	ASD	ADHD	PDA	Down Syndrome	Dyslexia	Asthma	Eczema	Other medical condition – please give details below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER MEDICAL CONDITION

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DOES YOUR CHILD TAKE ANY MEDICATION? (PLEASE TICK RELEVANT BOX) YES ☐ NO ☐

MEDICATION DETAILS.....

DOES YOUR CHILD HAVE ANY ALLERGIES? (PLEASE TICK RELEVANT BOX) YES ☐ NO ☐

ALLERGY DETAILS.....

DOES YOUR CHILD HAVE ANY OTHER DEVELOPMENTAL DIFFICULTIES WHICH SCHOOL NEEDS TO BE AWARE OF?

Speech and Language	Hearing difficulties	Physical difficulties	Toilet Training	Other—Please give details below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DETAILS OF OTHER DEVELOPMENTAL DIFFICULTY.....

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PREVIOUS NURSERY/CHILDMINDERS DETAILS

NURSERY/CHILDMINDERS NAME:

NURSERY/CHILDMINDERS ADDRESS:

..... POSTCODE: TELEPHONE:

I consent to the school contacting previous childcare setting:

SIGNED.....

IMPORTANT INFORMATION

To comply with the data protection regulations the school must obtain consent from any individual we hold data on. We require each individual to sign below. You can withdraw your consent at any time by contacting the school office.

PARENT / CARER INFORMATION

PRIORITY 1

FULL NAME: DATE OF BIRTH:

HOME ADDRESS:

POSTCODE: RELATIONSHIP TO CHILD:.....

HOME TEL: MOBILE TEL:

EMAIL ADDRESS:

PROFESSION/JOB TITLE: NI NUMBER:

I consent to my data being held by the school SIGNED:

PRIORITY 2

FULL NAME: DATE OF BIRTH:

HOME ADDRESS:

POSTCODE: RELATIONSHIP TO CHILD:.....

HOME TEL: MOBILE TEL:

EMAIL ADDRESS:

PROFESSION/JOB TITLE: NI NUMBER:

I consent to my data being held by the school SIGNED:

ADDITIONAL EMERGENCY CONTACT INFORMATION

PRIORITY 3

FULL NAME:

HOME ADDRESS:

POSTCODE: RELATIONSHIP TO CHILD:.....

HOME TEL: MOBILE TEL:

I consent to my data being held by the school SIGNED:

PRIORITY 4

FULL NAME:

HOME ADDRESS:

POSTCODE: RELATIONSHIP TO CHILD:.....

HOME TEL: MOBILE TEL:

I consent to my data being held by the school SIGNED:

DECLARATION AND SIGNATURE OF PARENT/GUARDIAN

- I wish to apply for a place in the nursery class.
- I certify that I am a person with parental responsibility for the child named on the application form.
- I hereby declare that to the best of my knowledge, the information I have given on this form is correct. I agree to notify the school of any changes to this information.
- By making this application I fully understand that in accordance with current government legislation, if my child can be offered a place at the nursery, attendance at the nursery does not guarantee my child's admission to this Primary School. I understand that I **must** make a separate application to my local authority for admission to Primary School, at the relevant time i.e. the Autumn term prior to my child starting Primary School the following September.

Our Nursery has 26 full-time (30 hours per week) places, 4 part-time morning (15 hours per week) places and 4 part time afternoon (15 hours per week) places. Please see our Nursery admissions policy <https://www.aintreedavenhill.net/school-policies/> for more information.

Please indicate if you would like:

Part-time AM ☐ Part-time PM ☐ Full-time ☐

PRINT NAME:

SIGNED:

(PERSON WITH PARENTAL RESPONSIBILITY)

DATE:

SCHOOL OFFICE TO COMPLETE

BIRTH CERTIFICATE SEEN: YES ☐ NO ☐

PROOF OF ADDRESS SEEN: YES ☐ NO ☐

EVIDENCE SEEN BY:

SIGNED: DATE:

Head - Miss E Clay

Aintree Davenhill Primary School

Aintree Lane

Aintree Village

Merseyside

L10 8LE

Tel No: 0151 526 1162

Email: admin.aintreedavenhill@schools.sefton.gov.uk

Website: www.aintreedavenhill.net

