

**Nursery Application Questionnaire**

**Child Name: Entry Year:**

Please indicate whether you would like your child to attend:

**Morning AM / Afternoon PM / 30HR session**

**Welcome to your new school and the Lingfield Trust family!**

Thank you for choosing our school for your child. We cannot wait to get to know them!

Please find enclosed a pack of information requests regarding your child joining us. This may seem like lots of questions and information, but everything we ask is for a reason – and all schools must ask the same kind of questions.

Your child’s welfare, care, development and progress are of paramount importance to us. To ensure that the school, as well as other agencies as required, are able to tailor the right amount of support for children, when necessary, we need to ensure that we hold up to date information about all our pupils, for use in both normal school activities and, should the need arise, for use in contacting parents/carers in emergencies.

The school is also required to share this information by law with certain stated agencies. Complying with the General Data Protection Regulation (GDPR) requires the school to issue a notice to pupils and parents from time to time stating what type of data are collected and with which other agencies it will be shared. A copy of the latest version of the Privacy Notice is available on the Trust website at <https://www.lingfieldeducationtrust.com/trust-policies> or, simply request a printed version if you require one from the school office.

If you have any questions, please do not hesitate to contact the school office and we will always do our best to help.

Thank you for choosing to be part of our school and Trust family.

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** Identity Check**

|  |  |  |
| --- | --- | --- |
| **Birth Cert Seen? Y/N PR Details Checked Y/N** | BC No: | **Any other ID evidence seen, if required** |

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**This section to be completed by school**. You MUST bring a copy of the birth certifiacte to school for us to check your child’s identity.   
 **Family Information:**

|  |  |
| --- | --- |
| **Full Name of Child** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name child will be known as** |  | **Date of Birth** | **/ /** | **Male / Female (Please circle)** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Main home address:** | |  | | |
|  | | | | |
| **Email:** |  | | **Postcode:** |  |
| **Home telephone number** | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent 1 First Name** | **Mr/Miss/Mrs/Ms (please circle)** | **Parent 2 First Name** | **Mr/Miss/Mrs/Ms (please circle)** |
| **Parent Surname** |  |  |  |
| **Mobile No** |  | **Mobile No** |  |
| **Work Number** |  | **Work Number** |  |
| **Does this parent have legal ‘Parental Responsibility’** | **Yes / No** | **Does this parent have legal ‘Parental Responsibility’** | **Yes / No** |
| **E Mail Address** |  | **E Mail Address** |  |

|  |  |  |
| --- | --- | --- |
| **2nd home address if different from above:** |  | |
|  | | |
| **Postcode:** | |  |
| **Who is this address for?** | |  |

** Medical Information:**

|  |  |
| --- | --- |
| **Family Doctor (GP) and Dentist** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinic** |  | **Phone Number** |  |

|  |  |
| --- | --- |
| **Health Visitor** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinic** |  | **Phone Number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Can we apply suncream to your child?** | Yes / No  If no, why not? | **Can we apply facepaints to your child?** | Yes / No  If no, why not? |

|  |  |
| --- | --- |
| **Is there anything we should know about early childhood?** |  |

|  |
| --- |
| **Does your child have any important health considerations, or ongoing medical needs? (E.g. allergies [sunscreen, face paint, animals etc], ongoing medication, Asthma [inhaler use], epipen etc) If so, please detail below:** |
| *(This information will be used to decide if your child requires a care plan in school, with further details collected.)* |

|  |
| --- |
| **Does your child have any Special Educational Needs that we should know about, or do you have any concerns about your child?** |
|  |

|  |
| --- |
| **When did your child start talking? Does your child have any speech difficulties, e.g. stammer, lisp, unable to say certain sounds?** |
|  |

|  |
| --- |
| **Does your child have any visual or hearing difficulties?** |
| Do they wear glasses? Yes / No |

|  |
| --- |
| **Does your child have any dietary requirements? If so, please detail below:** |
|  |

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| --- |
| **Do you give us permission to change your child, should they have a toileting accident, or similar issue?** |
| Yes / No  Does your child have any toileting issues we need to know about? |

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**Additional Emergency Contact Information:  
By law we must hold at least two emergency contact numbers. We use these if we cannot get in touch with parents in an emergency, of if we have had no notification as to why a child is absent.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name (1)** | **Mr/Miss/Mrs/Ms** | **Full Name (2)** | **Mr/Miss/Mrs/Ms** |
| **Address (1)** |  | **Address (2)** |  |
|  |  |  |  |
| **Post Code** |  | **Post Code** |  |
| **Phone (1)** |  | **Phone (2)** |  |
| **Mobile (1)** |  | **Mobile (2)** |  |
| **Relationship to child** |  | **Relationship to child** |  |

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**Additional family Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Religion** |  | **Child’s First Language** |  |
| **Country of Birth** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please circle your child’s ethnicity:** | White English / Scottish / Welsh | White Irish | White & Asian | White and black African | White and black Caribbean | Traveller of Irish heritage |
| Pakistan | Indian | Gypsy/Roma | Chinese | Black Caribbean | Black African |
| Bangladeshi | Any other white background | Any other mixed background | Any other ethnic group | Any other black background | Any other Asian background |

**Refugee and Asylum Status (if applicable):**

Asylum Seeker: Refugee:

If you have ticked yes – please complete the additional sheet of information

** Additional Information:**

|  |  |
| --- | --- |
| **Any Previous School / Nursery** | Please give details – where? |

|  |  |
| --- | --- |
| **Does your child have any other relatives in school? Brothers, sisters, siblings** | Please give details |

|  |  |
| --- | --- |
| **Please tell us if you will be arranging either before or after school child care for your child:** | Please give details |
| **Please tell us who will normally be dropping off and picking up your child from school:** | Please give details: |

**As schools, we are part of a range of services who work together to help and protect children. Are you, or your child linked to any additional agencies which we should be aware of? Please include even if involvement is no longer current.**

|  |  |  |
| --- | --- | --- |
| ***Please Select*** | | ***Agency*** |
| *Yes* | *No* | *Social Services or Early Help Services* |
| *Yes* | *No* | *Speech and Language Therapy Service* |
| *Yes* | *No* | *Occasional Therapy or Physiotherapy* |
| *Yes* | *No* | *CAHMs or Educational Psychologist* |
| *Yes* | *No* | *Paediatrician* |

If yes, (or you are/have been involved with another service not listed), please detail below:  
  
**Are there any adults who your child is not legally allowed to have contact with (e.g. estranged family members, court orders e**

** Pupil Premium & Free School Meals Information:**

Our school receives funding from the Government to cover the costs of providing education. This includes all school running costs, such as employing teachers and support staff, books and equipment, school building expenses and free school meals.

The school also receives additional funding known as pupil premium for pupils whose families receive certain benefits.

It is in all our interests that we bring in as much money as we can to support our school and ensure all of our children get the best possible education. To help your child and your school, we can do a very quick eligibility check for this additional funding via a local authority checking site.

In order to do this we require some simple information relating to the parent/guardian.

|  |  |  |
| --- | --- | --- |
| **Are you in receipt of any of the following:** | **Yes** | **No** |
| Universal credit **with an earnings threshold that does not exceed £7,400** |  |  |
| Income Support |  |  |
| Income Based Jobseekers Allowance |  |  |
| Income-related Employment and Support Allowance |  |  |
| Child Tax Credit, provided you **are not** entitled to Working Tax Credit and have an annual income, as assessed by HMRC that does not exceed £16,190 |  |  |
| Guaranteed Element of State Pension Credit |  |  |
| Where a parent is entitled to Working Tax Credit run-on (the payment someone receives for a further four weeks after they stop qualifying for Working Tax Credit). |  |  |
| Support under part VI of the Immigration and Asylum Act 1999. |  |  |
|  | | |
| Are you a ‘**service family**’ – armed forces?  If yes, which troop are you attached to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Is your child **adopted**? |  |  |

Information regarding such sensitive issues is treated in the strictest of confidence. Should you have any concerns regarding the completion of this section, please contact us so that we can explain where this information goes, and why it is important to us and your child’s education.

**Please note, if your child is not joining us in reception, and you have been in receipt of these benefits in the past, please write ‘past’ in the yes boxes.**

Please inform the school if you are/have been employed by H.M.R.C. as this may have an effect on the result.

**Child’s full name ……………………………………………………………………………………....**

**Full Name of Parent …………………………………………………………………………………….**

**Parent’s Date of birth …………………………………………………………………………………..**

**National Insurance number ………………………………………………………………………….**

**Asylum Seekers Reference number (if applicable) ………………………………………………**

You do not need to provide supporting paperwork unless the school request this. For the whole of the time your child is in our school this is the only information we will need to check your eligibility **(unless your surname changes).** We are therefore asking all parents, no matter what your current circumstances are to complete the above information.

** Parental Consent Form**

**This consent form will last for the duration that your child is at our school. You can, however, change your consent ‘opt in’ choices at any time. You will also be prompted annually regarding your right to do so.**

**Educational/Recreational Visits - Parental Consent for a rolling programme or series of local visits**

By ticking this box I understand that my child may leave the establishment premises for local visits as outlined in the establishment’s educational visits policy and hereby give my consent for my child to participate in such visits. I also understand that my child may leave the establishment premises at other times when I will be informed separately by letter and when further consent will be required of me.

I undertake to inform the visit leader/head as soon as possible of any change in the medical or other circumstances after the date shown below.

I agree to my son/daughter receiving emergency medical or dental treatment of any nature as considered necessary by the medical authorities present.

I agree that if my child urgently requires medical or dental treatment and it is not possible to contact me/us, the visit leader in charge at the time is authorised on my/our behalf to give consent to such emergency treatment.

**Photographs / Video Clips of Children – Parental Consent for use by our school**

By ticking this box I give permission for photographic images, of my child, to be **placed in their own pupil books or for assessment purposes (e.g a photo of your child holding up a picture for their art book)**

By ticking this box I give permission for photographic images, of my child, to be **displayed around school, or in a group photo of them as part of an activity in the groups’ pupil books.**

By ticking this box I give permission for photographic images **to be used in newsletters,** where appropriate, and/or video media, of my child, to be used by the school for marketing (**i.e. School website, prospectus, local news, school social media accounts**

By ticking this box I give permission for my child to be included in photographic images and video media, **in school events and for recording of performances**.

**Information:**   
I understand that children will take pictures themselves as part of the curriculum on school provided devices. These images may be printed. I understand that school will not use personal information or full names of any child or adult in a photographic image or alongside their work in publicity that reasonably promotes the work of the school. If a child appears in a photograph on their own, we will not use their first or surname. I understand that school will only take photographs or videos of my child that are suitable, decent and will not cause upset or embarrassment. I understand that school will not re-use any photographs or recordings after your child leaves the school without additional consent. Any digital copies of photos/media or personal information/data about my child taken from the school premises will be kept safe by being password protected and encrypted either on a laptop, iPad or memory stick provided by the school for work use only. Paper copies of images or personal information e.g. in workbooks, assessment information will be kept in a secure location in staff homes when not in transit. Staff have signed to say they understand and will uphold the rules and regulations surrounding this.

**Online Safety Agreement – Parental Consent for use by our school**

By ticking this box I give permission for my child access to internet services within school. By ticking I accept that ultimately the school cannot be held responsible for the nature and content of materials accessed through the Internet and mobile technologies, but I understand that the school takes every reasonable precaution to keep pupils safe and to prevent pupils from accessing inappropriate materials. I understand that the school can, if necessary, check my child’s computer files and the Internet sites they visit at school and if there are concerns about my child’s e-safety or e-behaviour they will contact me. I understand that the school takes any inappropriate online behaviour (either by staff, parents/relatives or pupils) seriously. School will respond to observed or reported inappropriate or unsafe behaviour promptly. This includes, but is not limited to, creation of online groups that contain the school name, pupil and staff information.

I will support the school by promoting safe use of the Internet and digital technology at home. I will inform the school if I have any concerns.

**Use of Mobile Devices on School Property – Parental Consent for use by our school and use within school**

By ticking this box I understand that I will be verbally notified at the start of school performances/productions if I can or cannot take photographs and videos of the children. I will follow the instructions given. This is to keep school in line with current safeguarding requirements and applies to other relatives or friends who come to support my child.

I agree I will not share online any photographs of children other than my own, or any member of staff, the governing body, volunteers or visitors I am allowed to take at school events without permission. This applies to other relatives or friends that also take photographs or videos. I understand that I am not to use any personal mobile equipment e.g. mobile phones or tablets on the school premises without express permission from a member of staff. This applies to other relatives or friends who come into school.

My mobile phone will be switched to silent or turned off while I am on the school premises. This applies to anyone entering the school building.

If I need to use this equipment, I will ask a member of staff who will direct me to a designated area.

I understand that if I or another adult comes to collect my child and I am on my mobile phone, staff will not hand over my child until I have finished my call.

**Use of Social Media– Parental agreement**

By ticking this box I understand that the school takes any inappropriate online behaviour (either by staff, parents/relatives or pupils) seriously. School will respond to observed or reported inappropriate or unsafe behaviour promptly. This includes, but is not limited to, creation of online groups, or the posting of inappropriate comments by parents / carers that contain the school name, pupil and staff information.

I will support the school by promoting safe use of the Internet and digital technology at home. I will inform the school if I have any concerns.

**How do you expect your child to travel to school?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Car | Taxi | Public Transport | Walk with an adult | Walk independently | Bicycle / Scooter independently |

**By signing this pack, you are also giving permission for the school to take your child to hospital in the event of an emergency, provide medical care and to share information with relevant agencies, when requested (e.g. NHS, Local Authority, Children’s Services, Lingfield Education Trust etc.).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** | **Name** |  | Parent/Carer |
| Date: | | | |
| **Signed:** | **Name** |  | Parent/Carer |
| Date: | | | |

**The following documents must be seen by the office on application**:

* Your child’s Birth Certificate (original)
* Proof of address (child benefit letter / household bill / council tax, gas etc)

Admissions to nursery classes, giving priority in accordance with the following guidelines:-

* Children aged 4+ who live in the admission zone for the school
* Children aged 4+ who live outside the admission zone but who have a brother or sister attending the school at the time the nursery child will be admitted.
* Children aged 3+ who live within the admission zone for the school.
* Children aged 3+ who live outside the admission zone but who have an elder brother or sister attending the school at the time the nursery child is to be admitted.
* Other children aged 4+
* Other children aged 3+

(Priority will go to the oldest children within each of the above categories)

**PLEASE NOTE A PLACE IN NURSERY DOES NOT GUARANTEE A PLACE IN SCHOOL**

Children start full-time school in the school year in which they turn five; the first year of school is called Reception. Applications for Reception places are made between November and January in the school year the child turns four. If you would like your child to attend a school nursery you must consider the fact that your child may NOT be offered a place in school. (if you have older children already attending the school.)

Details on how to apply for school places can be found on Middlesbrough Councils website. <http://www.middlesbrough.gov.uk> or contact School Admissions 01642 201890.