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| --- | --- | --- | --- |
| Pupil’s first name |  | Pupil’s preferred name (if different) |  |
| Pupil’s middle name |  | Pupil’s surname |  |
| Gender | M []/ F [] | Date of Birth |  |
| Address | |  | |
| Postcode | |  | |
| Home Telephone Number | |  | |
| Parent/Guardian Name/s | |  | |
| Siblings currently attending St. Peter’s | |  | |

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency, prioritised in the order that you wish for them to be contacted.

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| --- | --- | --- | --- |
| **PARENT/GUARDIAN**  TITLE & FULL NAME | MR/MRS/MS/MISS/DR/Other (please specify) | ADDRESS/POSTCODE | Same as above [] |
|  |
| RELATIONSHIP TO PUPIL |  |  | |
| HOME TEL NUMBER |  |
| MOBILE |  |
| WORK TEL NUMBER |  | Email (if applicable) |  |
| NI NUMBER |  | \*Payment of Fees | Yes [] No[] |
| NATIONAL ASYLUM SUPPORT SERVICE NUMBER (if applicable) | |  | |
| PERMISSION TO COLLECT CHILD | | Yes [] No[] | |
| PARENTAL RESPONSIBILITY | | Yes [] No[] | |
| EMERGENCY CONTACT PRIORITY | | 1 [] 2 [] 3 [] | |

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| --- | --- | --- | --- |
| **PARENT/GUARDIAN**  TITLE & FULL NAME | MR/MRS/MS/MISS/DR/Other (please specify) | ADDRESS/POSTCODE | Same as above [] |
|  |
| RELATIONSHIP TO PUPIL |  |  | |
| HOME TEL NUMBER |  |
| MOBILE |  |
| WORK TEL NUMBER |  | Email (if applicable) |  |
| NI NUMBER |  | \*Payment of Fees | Yes [] No[] |
| NATIONAL ASYLUM SUPPORT SERVICE NUMBER (if applicable) | |  | |
| PERMISSION TO COLLECT CHILD | | Yes [] No[] | |
| PARENTAL RESPONSIBILITY | | Yes [] No[] | |
| EMERGENCY CONTACT PRIORITY | | 1 [] 2 [] 3 [] | |

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| **OTHER EMERGENCY CONTACT**  TITLE & FULL NAME | MR/MRS/MS/MISS/DR/Other (please specify) | ADDRESS/POSTCODE | Same as above [] |
|  |
| RELATIONSHIP TO PUPIL |  |  | |
| HOME TEL NUMBER |  |
| MOBILE |  |
| WORK TEL NUMBER |  | Email (if parental responsibility) |  |
| PERMISSION TO COLLECT CHILD | | Yes [] No[] | |
| PARENTAL RESPONSIBILITY | | Yes [] No[] | |
| EMERGENCY CONTACT PRIORITY | | 1 [] 2 [] 3 [] | |

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| DOCTOR’S NAME & ADDRESS | | |  | | | | | | | | | | |
| USUAL MODE OF TRAVEL | | Walk [] | | | Bus [] | | Car [] | | Car []  Share | | | Other (please specify) | |
| SPOKEN LANGUAGE | | |  | | | | RELIGION | | | |  | | |
| ETHNICITY please indicate your child’s ethnicity | | | | | | | | | | | | | |
| Prefer not to say [] | White British [] | | | White Irish[] | | Any other white background[] | | White & Asia [] | | White & Black Caribbean[] | | | White & Black African[] |
| Any other mixed background[] | Caribbean[] | | | African[] | | Any other Black background[] | | Sri Lankan[] | | Indian[] | | | Pakistani[] |
| Bangladeshi[] | Any other Asian background[] | | | Chinese[] | | Any other ethnic group[] | | Irish Heritage  [] | | Roma/Roma Gypsy[] | | | Any other traveller background[] |
| NATIONALITY | | |  | | | |

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| FINANCIAL SUPPORT please indicate if you are in receipt of the following | | | | | | |
| Parents access Child Tax Credits [] | Parents access Working Tax Credits [] | Parents access Higher Education [] | Childcare Access Fund Support [] | Financial Support from Employer [] | Receipt of 3 & 4 year old funding 15 hr[]  30 hr[] | Receipt of 2 year old funding [] |
| Early Years Pupil Premium\* [] | HMRC Tax Free Childcare Scheme [] | Childcare Vouchers [] | Voucher Company | | | |
| \*COULD YOUR CHILD BE ELIGIBLE FOR FREE SCHOOL MEALS? | | | | | | |
| If your child is eligible for ‘free school meals’ and you register them for this, school will receive extra funding called ‘pupil premium’. School will use this extra money to improve the educational provision and resources at the school. Please contact Nottinghamshire County Council on 0300 500 80 80 if you are unsure or visit their website: [Free school meals and milk | Nottinghamshire County Council](https://www.nottinghamshire.gov.uk/education/school-meals/free-school-meals-and-milk) | | | | | | |

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| OTHER CHILDCARE PROVIDER SETTINGS YOUR CHILD ATTENDS (to ensure that we work in partnership with additional childcare providers regarding your child’s development). | |
| Name of Setting |  |
| Address of Setting |  |
| Days and Hours Attending |  |

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| ANY OTHER INFORMATION THAT THE SCHOOL SHOULD BE AWARE OF? Other agencies (eg social services/educational psychologist/paediatrician/CAMHS); Special Needs Information (eg statement of special educational needs/disabilities); Parental disabilities that may affect your ease of access or communication with school) |
|  |

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| --- | --- | --- | --- |
| PLEASE INDICATE ALL SESSIONS YOUR CHILD IS ATTENDING | | | |
|  | MORNING | LUNCH | AFTERNOON |
| MONDAY | [] | [] | [] |
| TUESDAY | [] | [] | [] |
| WEDNESDAY | [] | [] | [] |
| THURSDAY | [] | [] | [] |
| FRIDAY | [] | [] | [] |

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| \*PARENTAL UNDERTAKING   1. I understand the funding limitations and agree to make payments for all session/lunch club fees not covered by funding (plus the additional charge for school dinners where applicable) 2. Fees are payable even if my child is absent due to illness, holidays 3. Full fees will be paid on receipt of invoice unless agreed otherwise with the Head Teacher 4. I will give at least 4 weeks’ notice in writing if my child is to leave Pre School or change sessions 5. I undertake to advise the School Office immediately of any change to the information I have supplied. I understand that failure to notify any changes as soon as they occur could free the Pre School from its liability 6. I will ensure that my child attends regularly and that absences will be reported to the School Office by 9am (01949 20226) | |
| SIGNED (PARENT/GUARDIAN) |  |
| DATE |  |

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**ASPIRE Data Protection Policy:** [**https://www.eastbridgfordstpeters.co.uk/special/trust-policies/**](https://www.eastbridgfordstpeters.co.uk/special/trust-policies/)

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| Birth Certificate seen (Office use only) | YES [ ] NO [ ] |