



## ELMSLEIGH INFANT AND NURSERY SCHOOL

### ELMSLEIGH APPLICATION FORM

#### CHILD'S DETAILS

Child's Forename: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Surname: \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender: M / F Preferred Pronoun: He / She / They  
Previous Settings Attended, Pre-School/Nursery: \_\_\_\_\_  
Ethnic Group: White British/ White European/ Other please specify \_\_\_\_\_  
Nationality: British / Polish / Bulgarian / Other please specify \_\_\_\_\_  
Religion: Christian / RC/ Muslim/ No Religion/ Other please specify \_\_\_\_\_  
Language: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_  
Traveller/ Roma / Gypsy: Yes / No Place of Birth: United Kingdom / Poland / Other please specify \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

#### PARENT OR CARER DETAILS

(Parent 1 will be first point of contact in an emergency)

Title: Mr/Miss/Mrs \_\_\_\_\_

Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Please circle: Parent / Carer

Do they have parental responsibility?

Yes / No

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from child)

Does they serve in the UK military? Yes / No

#### PARENT OR CARER DETAILS

(Parent 2 will be second point of contact in an emergency)

Title: Mr/Miss/Mrs \_\_\_\_\_

Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Please circle: Parent / Carer

Do they have parental responsibility?

Yes / No

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from child)

Does they serve in the UK military? Yes / No

### NON PARENT EMERGENCY CONTACTS

(This section **MUST** be completed) Please give details of who we can contact if parents / carers are unavailable. We will always seek to contact parents first.

#### EMERGENCY CONTACT 3

**Title:** Mr/Miss/Mrs \_\_\_\_\_

**Forename:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Address** (if different from child)

#### EMERGENCY CONTACT 4

**Title:** Mr/Miss/Mrs \_\_\_\_\_

**Forename:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Address** (if different from child)

### MODE OF TRANSPORT

Is your child eligible for the Disability Living Allowance (DLA)? Yes / No

What is your main mode of transport to school, please circle: car / walk / car share / taxi / bus

### MEDICAL INFORMATION

**Medical needs:** e.g. asthma/eczema/  
allergies/medication

\_\_\_\_\_

**Hearing:** OK/ Grommets\*

**Eyesight:** OK / Wears Glasses\*

\*Please delete as appropriate.

**Please specify if your child has any additional needs/disabilities**  
(e.g Speech & Language / Autism etc)

\_\_\_\_\_

**Outside agencies working with your child:** (e.g. Paediatrician,  
Social Worker, Children's Centre)

\_\_\_\_\_

### PARENTAL CONSENTS

*\*Please delete all as appropriate*

I\* **do / do not** give permission for my child to brush their teeth at school

I\* **do / do not** give permission for my child to be included in Zoom meetings

I\* **do / do not** give permission for my child to participate in off-site school visits and being taken out of school and accompanied by staff on visits within the local community

I\* **do / do not** give permission for my child to be given medication on off-site school visits

I\* **do / do not** give permission for my child to visit places of worship

I\* **do / do not** give permission for my child to have photographs/videos for use within school premises

I\* **do / do not** give permission for my child to have photographs/videos for use on Facebook, other social media, school website and school publications

I\* **do / do not** give permission for my child to have photographs/videos for use on Class Dojo

I\* **do / do not** give permission for my email address to be used by school for admin purposes / school learning platforms

I\* **do / do not** give permission for my child to watch PG films/clips

I\* **do / do not** give permission for my child to work with the school dog

I\* **do / do not** give permission for my mobile number to be used by school for communication

### DATA PROTECTION

The information collected on this form will be used to enable contact in an emergency, to collect data required for government census, to ascertain if the child is eligible for Pupil Premium Grants, to gather consents for trips and photograph use and any medical information that may be pertinent to the child's wellbeing in school. All data will be stored securely on our MIS Database and paper copies locked in secure files and will be retained for 6 years after children leave our school or be passed on to the child's next school or any relevant agencies.

I give my consent for my/my child's [*delete as applicable*] personal information to be used for the purpose described above. Please note you have the right to withdraw this consent at any time and you can do this by contacting us at address given below.

Tick here to confirm consent:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

For more information on how Elmsleigh Infant & Nursery School uses data we hold about you, how long we keep it and you rights over relating to it, e.g. to have it corrected, erased, restricted, transferred or to see your records go to our website at <http://www.elmsleighinfantschool.co.uk/> or contacting: Karen Burton Head Teacher on 01283 216 883.

### BENEFIT ENTITLEMENT

If you are entitled to the \*below allowances, your child may be entitled to additional funding that will go towards their pupil attainment. Please can you scan the QR code so that eligibility checks can be carried out. For further information on how this is allocated, please visit our website for the previous [Pupil Premium Reports](#)

\*Universal Credit – / Income Support / Jobseekers Allowance / Child Tax Credit (*Only if not claiming Working Tax Credit too*)

