



Castleway Nursery School

Foundation 1 Admission Form



PUPIL DETAILS				ADDRESS INC POSTCODE				
LEGAL SURNAME								
LEGAL FORENAMES								
CHOSEN NAME (If different)								
If your child/ward is to be known by a different surname, please enter it here:					COUNTRY OF BIRTH			
IS THIS CHILD IN CARE?		Y/N		GENDER				
DATE OF BIRTH				PREVIOUS SCHOOL				
PARENT/CARER DETAILS - Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency, placing them in order of priority.								
1		Mr/Mrs/Miss/Ms		Address			Telephone Nos.	
Name							Home	
Date of Birth							Work	
Relationship to pupil							Mobile	
Parental responsibility		Y / N						
NI No.								
Email Address								
2		Mr/Mrs/Miss/Ms		Address			Telephone Nos.	
Name							Home	
Date of Birth							Work	
Relationship to pupil							Mobile	
Parental responsibility		Y / N						
NI No.								
Email Address								
3		Mr/Mrs/Miss/Ms		Address			Telephone Nos.	
Name							Home	
Date of Birth							Work	
Relationship to pupil							Mobile	
Parental responsibility		Y / N						
NI No.								
Email Address								
Any siblings in school?		Name/s & Year Group						
Pupil Dietary Needs								
Meal Arrangements (Tick 1)		Free School Meals		Packed Lunch		School dinner		
Pupil Medical Information								
Name of Doctor								
Practice Name								
Address								
Telephone								
Medical Information: (include any allergies/medication required within school hours)								

Cultural Information

Ethnicity		Nationality	
First Language		Religion	
Home Language		Is English an Additional Language	YES/NO
Country of Birth		Armed Services	YES/NO
Travel Arrangements – please tick one only			
Bicycle		Train	
Car – single		Car –	
		Walks	
		Bus –	
		Taxi	
		Other	
Parental Agreement – please tick and sign below to confirm you have read and agree with the information provided in the Information for Parents Booklet.			
Pupil Acceptable Use Agreement E Safety		Food tasting	
Watch films (U & PG)		Home School Partnership Agreement	
Medical / First Aid		Trips	
Photographs	In school	School website	Publicity material
			Social media
			Tapestry
Intimate Care Policy	Consent to change	Any other information (creams etc)	
It is important we know who will be collecting your child from school each day. Please give details of your named contacts who will be collecting your child.			
Name		Relationship	
1			
2			
3			
I confirm the above details are correct and agree to inform school immediately of any changes.		Signed (Parent/Carer)	
Other information			
<p>N.B. Admission to our Foundation Stage classes does not guarantee a place in a Foundation 2 class. Therefore, parents must make a separate application to the Local Authority for admission to Foundation 2 class.</p>			

Days Required	Mon	am/pm	Tues	am/pm	Weds	am/pm	Thurs	am/pm	Fri	am/pm
FOR OFFICE USE ONLY	Verified by:						Date received:			
Birth Certificate Y/N	Proof of address Y/N		Place required from		ASAP / Autumn / Spring / Summer					
Siblings:										

APPLICATION FOR FREE SCHOOL MEALS - PARENT/GUARDIAN DETAILS

	Parent/Guardian 1	Parent/Guardian 2
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Last name		
First name		
Date of Birth	DD MM YYYY	DD MM YYYY
National Insurance Number*		
National Asylum Support Service (NASS) Number*	/ /	/ /
Daytime Phone Number		
Mobile Number		
Address including postcode		

FAMILY INCOME AND BENEFIT DETAILS

If you receive any of the benefits listed below, please place an X in this box

Income Support

Income-based Jobseekers Allowance

Income-related Employment and Support Allowance

Support from NASS under part 6 of the Immigration and Asylum Act 1999

The guarantee element of Pension Credit

Child Tax Credit (with no Working Tax Credit)

Working Tax Credit run-on

Universal Credit.

Universal Credit

If you are in receipt of Universal Credit, is your net earned family income over £7,400 per year? (Please place an X in the appropriate box).

Your net earned income is your household income after taxes and deductions. It does not include income through Universal Credit or other benefits that you may receive.

Yes No Unsure

Child Tax Credit

If you are in receipt of Child Tax Credit, is your joint gross annual income over £16,190 per year? (Please place an X in the appropriate box).

Your joint gross income is your household income before taxes are taken into account.

Yes No Unsure

If you're not sure whether you receive one of the listed benefits, or what your household income is, but you would still like us to check whether your child is eligible for free school meals, please place an X in this box.

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.

Signature of parent/guardian: _____ Date: ____/____/____

Thank you for completing this form and helping to make sure your child's school is as well funded as possible.