



Jessop Primary School

NURSERY Application Form 2022-23

TWO YEAR FUNDING REFERENCE NUMBER:			
CHILD'S FIRST NAME (S)		CHILD'S LAST NAME	
DATE OF BIRTH		GENDER	

CHILD'S ADDRESS	
	POSTCODE:
HOME TELEPHONE NUMBER	

PARENTAL RESPONSIBILITY: PARENTS/CARERS		
CARER'S NAME	MOTHER'S NAME	FATHER'S NAME
MOBILE		
EMAIL		
ADDRESS IF DIFFERENT:		

ETHNICITY		RELIGION	
HOME LANGUAGE		DATE OF ENTRY INTO UK (if applicable)	

NAME OF PREVIOUS NURSERY (if any)	
ADDRESS	
	POST CODE:
TELEPHONE NUMBER	
DATES & REASON FOR LEAVING	

DO YOU HAVE A CHILD IN JESSOP PRIMARY SCHOOL? IF YES, PLEASE GIVE NAME(S)

Yes

No

NAME: _____ CLASS: _____

NAME: _____ CLASS: _____

NAME: _____ CLASS: _____

NAME: _____ CLASS: _____

**IF APPLYING FOR NURSERY PLEASE SELECT YOUR CHOICE OF ATTENDANCE:
(PLEASE NOTE THAT TOP-UP IS LIMITED)**

PART TIME – MORNING

PART TIME – AFTERNOON

FULL TIME

I will be applying for the 30 HOUR CODE YES/NO

LUNCH PREFERENCE: (PLEASE SELECT)

SCHOOL LUNCH (PAID)

SCHOOL LUNCH (FREE)

PACKED LUNCH

ANY SPECIAL DIETARY INFORMATION: (No Meat/ Nuts/Dairy/ etc.)

ANY MEDICAL INFORMATION: (i.e. Asthmatic)

DOES YOUR CHILD TAKE REGULAR MEDICATION?

Yes

No

DETAILS: _____

DOCTOR'S NAME AND ADDRESS:

POST CODE:

TELEPHONE NUMBER:

SO THAT WE HELP YOUR CHILD, PLEASE TELL US ABOUT ANY SPECIAL EDUCATIONAL NEEDS YOU ARE AWARE OF OR ANY CONCERN YOU MAY HAVE.

PLEASE LIST ANY PROFESSIONALS THAT MAY BE WORKING/SUPPORTING YOU OR YOUR CHILD E.G. SOCIAL WORKER, SPEECH AND LANGUAGE THERAPIST. PLEASE INCLUDE A CONTACT NUMBER FOR THEM.

PERMISSION

SWIMMING

I AGREE FOR MY CHILD TO GO SWIMMING (YEAR 1 TO 6)

Yes

No

SCHOOL TRIPS

I AGREE FOR MY CHILD TO GO ON LOCAL EDUCATIONAL VISITS WITH STAFF. I UNDERSTAND THAT THIS MAY BE DONE WITHOUT A LETTER BEING SENT HOME. (please tick or highlight)

Yes

No

PHOTOGRAPHS

I AGREE FOR MY CHILD TO HAVE THEIR PHOTOGRAPH TAKEN FOR: (please tick or highlight)

The School/Children Centre Website

The Termly Newsletter

School/Children's Centre Promotional Material

Twitter

Prospectus

JPS Publications

Yes

No

FIRST AID

I AGREE FOR MY CHILD TO RECEIVE FIRST AID TREATMENT

Yes

No

LEGAL ORDERS

ARE THERE ANY LEGAL ORDERS IN PLACE FOR YOUR CHILD? if YES, please provide details

Yes

No

Details: _____

EMERGENCY CONTACT DETAILS:

If your child is sick, or has an accident, we want to contact you quickly. Please can you fill in all sections of this form. In the event that we cannot get hold of parent or carer, we will phone your emergency contact.

If any of the contact details in this section of the form change, you must tell us immediately.

CONTACT 1

CONTACT 1	
NAME	
RELATIONSHIP TO CHILD	
ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
WORK NUMBER	
EMAIL ADDRESS	

CONTACT 2

CONTACT 2	
NAME	
RELATIONSHIP TO CHILD	
ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
WORK NUMBER	
EMAIL ADDRESS	

CONTACT 3

NAME	
RELATIONSHIP TO CHILD	
ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
WORK NUMBER	
EMAIL ADDRESS	

CONTACT 4

NAME	
RELATIONSHIP TO CHILD	
ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
WORK NUMBER	
EMAIL ADDRESS	

I CONFIRM THE INFORMATION PROVIDED ON THIS FORM IN RESPECT OF THE ABOVE-NAMED CHILD IS CORRECT:

FIRST NAME: _____ LAST NAME: _____

SIGNED: _____ (PARENT/CARER) DATE: _____

FOR OFFICE USE ONLY

BIRTH CERTIFICATE		DATE OF ADMISSION	
PROOF OF ADDRESS		UPN ADMISSION NUMBER	
SEN PAPERS		CLASS/YEAR GROUP	
		DATE ENTERED ON SIMs	
		SIGNED	