



Chimneytots at Marston Moreteyne VC School

Pre-School Application Form

Please provide a copy of your child's birth certificate or passport with this application

SECTION 1 Personal Details of Pupil

Surname			
Legal Surname			
First Name			
Other Names			
Preferred known first name			
Date of birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>

Home address

House No and street name			
Address Line 2			
Town			
Postcode		Home tel. no.	
HM Forces: Is the pupil the child of a parent or parents serving in regular HM Forces (as a PStat Cat 1 or 2 personnel) and exercising parental responsibility and care for the pupil? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to say			

* Siblings

Name of any related pupil currently at this school/Chimneytots:

Full Name		Relationship to above pupil	
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Requested start date:

Please note that the earliest a child can start is the term after they turn three years old.

Please indicate in the table below which sessions you would like your child to attend. Please note that children can only attend up to **8 sessions a week** (24 hours) and we can only accept up to **15 hours funding per child**.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 9-12					
Afternoon 12:15-15:15					

Language

First Language	<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Prefer not to say
Language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Prefer not to say
Nationality (please enter all that apply)	<input type="checkbox"/> Prefer not to say
Country of Birth	<input type="checkbox"/> Prefer not to say
Religion	

Ethnicity (Please tick one of the boxes below)

White	- British	<input type="checkbox"/>
	- Irish	<input type="checkbox"/>
	- Traveller of Irish Heritage	<input type="checkbox"/>
	- Gypsy/Roma	<input type="checkbox"/>
	- Italian	<input type="checkbox"/>
	- White other	<input type="checkbox"/>
Mixed	- White and Black Caribbean	<input type="checkbox"/>
	- White and Black African	<input type="checkbox"/>
	- White and Asian	<input type="checkbox"/>
	- Any other Mixed background	<input type="checkbox"/>
Asian or Asian British	- Indian	<input type="checkbox"/>
	- Pakistani	<input type="checkbox"/>
	- Bangladeshi	<input type="checkbox"/>
	- Any other Asian background	<input type="checkbox"/>
Black or Black British	- Caribbean	<input type="checkbox"/>
	- African	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	
Any other ethnic background	<input type="checkbox"/>	
Prefer not to say	<input type="checkbox"/>	

Court Orders Are any court orders applicable to your child? Yes No

If Yes, please give details

1st Parent with Parental ResponsibilityPriority Contact Order

Title	Mrs	Mr	Miss	Other (please specify)
Full Name				
Relationship to child				
Address				

Contact telephone numbers: (Please tick in the box to show the number we should contact first)

Home		<input type="checkbox"/>
Mobile		<input type="checkbox"/>
Work		<input type="checkbox"/>
Email address		

2nd Parent with Parental ResponsibilityPriority Contact Order =

Title	Mrs	Mr	Miss	Other (please specify)
Full Name				
Relationship to child				
Address				

Contact telephone numbers: (Please tick in the box to show the number we should contact first)

Home		<input type="checkbox"/>
Mobile		<input type="checkbox"/>
Work		<input type="checkbox"/>
Email address		

SECTION 3 Medical and Health Information

This information is required in the interests of safety and well-being of your child whilst in our care.

Doctor's name			
Practice name			
Practice address	Practice telephone number		
Do you give permission for the school to contact Doctor if necessary?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you give permission for the school to administer medicine if necessary?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any medical conditions that the school should be aware of?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

If Yes, please give details (e.g: Asthma; Allergy etc.) and any emergency procedures that need to be followed if relevant:

Any other information relating to your child's health that you feel the school should be aware of:

Food Allergy/Dietary Needs	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)
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Special Educational Needs	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> EHCP (Educational Health Care Plan)
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Signature of parent/carer 1 _____

Print name _____ Date _____

Signature of parent/carer 2 _____

Print name _____ Date _____