



# Alfred Lord Tennyson School

## Nursery

Pupil Application Pack

Child's Name	
Date of Birth	

Please complete all sections and return to the school office



## Nursery Pupil Data Collection Form

Alfred Lord Tennyson School and the Local Education Authority are required under **Data Protection** legislation to comply with essential good practice in respect of the information collected here and to manage it securely. The individuals who are the subject of the information or who have parental/guardian responsibility are generally entitled to see the information and are encouraged to help keep the information up to date. This information will be kept on Arbor (School Information System) and used for educational, welfare, planning or managerial purposes.

### CHILD'S DETAILS

<b>Legal Surname:</b>					
<b>Legal Forename:</b>					
<b>Middle Name:</b>					
<b>Preferred Forename:</b>		<b>Preferred Surname:</b>			
<b>Date of Birth:</b>				<b>Gender:</b> (please circle)	Male/Female
<b>Home Address:</b>					<b>Post Code:</b>
<b>Country of Birth:</b>					
<b>Nationality:</b>					
<b>Date of Admission:</b>					

Please attach a copy of your child's birth certificate

### ETHNIC ORIGIN & FIRST LANGUAGE OF CHILD Please tick ONE ethnicity box and ONE language box only

The collection of ethnically based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in Northamptonshire Schools.

White		Black or Black British		Asian or Asian British	
British		Caribbean		Indian	
Irish		Somalia		Pakisatani	
Irish Traveler		Other Black African		Bangladeshi	
Gypsy/Roma		Any Other Black Background		Any Other Asian Background	
Any Other White Background					
Other Backgrounds					
White/Black Caribbean		White/Black African		White/Asian	
Vietnamese		Chinese		Other Ethnic Group	
Any Other Mixed Background		I do not wish to record an ethnic background			
Language Spoken at Home			Proficiency in English (Where English is a pupil's second language, please tick one box only)		
English			Basic		
Other, Please Specify			Intermediate		
			Fluent		

**RELIGION – Please tick ONE category only**

Anglian/Church of England	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Any other, please specify:
Baptist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	
Methodist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	
Roman Catholic	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	
Sikh	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	Information Refused

Position of child in family (Please circle)	Name and Address of previous Nursery (if applicable)
1   2   3   4   5	

**Siblings that attend Alfred Lord Tennyson School**

<b>Name:</b>		<b>Year:</b>	
<b>Name:</b>		<b>Year:</b>	
<b>Name:</b>		<b>Year:</b>	

**MEDICAL DETAILS**

Surgery Name and Address:		
Medical Condition/s: (Including Allergies)		
Dietary Needs:		
Does your child use an Epi-Pen?	Yes/No	If <b>'yes'</b> please ensure that you obtain an additional Epi-Pen from your doctor which can be kept in school.
Does your child have asthma?	Yes/No	If <b>'yes'</b> please ensure that you obtain an inhaler from your doctor which can be kept in school.

**Has an Educational and Health Care Plan (EHCP) been issued in respect of your child?**

Yes/No

**Are any outside agencies involved in respect of your child at this time?**

Yes/No	If 'yes' please use this space to advise us of which agencies (Please use an additional sheet of paper if needed).
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**Do you consider your child to have a disability?**

Yes/No	If <b>'yes'</b> please use this space to provide further details (Please use an additional sheet of paper if needed).
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## CONTACT DETAILS

Please note that if a court order has been issued in respect of the child named on this document, please ensure you supply a photocopy of the order when returning this form to the school office. We MUST have at least TWO contacts on file for your child.

### PARENT/CARER DETAILS

Title:		First Name:		
Surname:				
Relationship to child:			Parental Responsibility?	YES/NO
Home Address:				Post Code:
Mobile Number:			Daytime Number:	
Email Address:				

### PARENT/CARER DETAILS

Title:		First Name:		
Surname:				
Relationship to child:			Parental Responsibility?	YES/NO
Home Address:				Post Code:
Mobile Number:			Daytime Number:	
Email Address:				

### EMERGENCY CONTACTS

In addition to the adults stated in the previous section as having Parental Responsibility. (Contacts 1 and 2). Please list below which order people should be contacted in the case of an emergency. These are very important to us. If your child becomes ill during the day, we need to be able to contact you, or someone acting for you who can collect your child. **They must therefore live local to the area.**

<b>Priority 3</b>	First Name:		Surname:	
Relationship to child:			Home Address:	
Mobile Number:			Daytime Number:	
<b>Priority 4</b>	First Name:		Surname:	
Relationship to child:			Home Address:	
Mobile Number:			Daytime Number:	
<b>Priority 5</b>	First Name:		Surname:	
Relationship to child:			Home Address:	
Mobile Number:			Daytime Number:	

**Please tick below the days and hours you would like your child to attend the Nursery**

**Please note:**

**15 hours funding is 5 sessions (not including lunch session)**

**30 hours extended funding is 10 sessions (not including lunch session) you need a code for this**

	<b>Morning Session 8:45 – 11:45</b>	<b>Afternoon Session 12:15-3:15</b>
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

**If you would like extra sessions please tick below \*please see fees**

	<b>Morning Session 8:45 – 11:45 £15 per session</b>	<b>Lunch Session 11:45 – 12:15 £2 per day</b>	<b>Afternoon Session 12:15 – 3:15 £15 per session</b>	<b>TOTAL</b>
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

**ADMISSION IN TO NURSERY IS NOT A GUARANTEE OF ADMISSION INTO THE RECEPTION CLASS. PARENTS WHO WISH THEIR CHILD TO PROGRESS FROM NURSERY TO OUR RECEPTION CLASS WILL NEED TO FOLLOW THE CORRECT PROCEDURES AND MAKE AN APPLICATION ONLINE.**

**If my child is accepted into Alfred Lord Tennyson School, I agree to follow the rules of the nursery provision and to take my child to and from nursery regularly and promptly.**

**Signed:**

..... (Parent/Guardian)

**Date:**

.....

## NURSERY PERMISSIONS

GENERAL PERMISSIONS - Please only tick the box of those you consent to and initial. Thank You	
<b>Please Note:</b> If at any time, your requirements change, you will need to advise the school office in writing as soon as possible. Thank you	Please INITIAL below
<b>Off site visits:</b> (Risk assessed local based activities only). From time to time we like to take the children out of school for short parts of the school day to support the work they are doing in class. This may involve a visit to a local church, park or a walk around the local area. I give permission for my child to go out on short walks in the local area	
<b>Online Safety Policy:</b> I have read the Online Safety Policy and agree to adhere to it.	
<b>ICT Acceptable Use Policy:</b> I have read the ICT Acceptable Use Policy and agree to adhere to it.	
<b>Home School Agreement:</b> I have read the Home School Agreement and agree to adhere to it.	
<b>Behaviour Expectations:</b> I have read the Behaviour Policy and agree to support the values of the school.	
<b>Behaviour – Parents, Carers and Visitors Policy:</b> I have read the Behaviour – Parents, Carers and Visitors Policy and agree to adhere to it.	
<b>Jewellery and Make-Up:</b> <ul style="list-style-type: none"> <li>I have read the statements in the school prospectus regarding jewellery and make-up and agree to adhere to them.</li> <li>My child will not attend school wearing make-up or nail varnish or wear rings, necklaces, earrings (other than studs).</li> <li>If my child has pierced ears, I will ensure that they wear studs and understand that no other type of earrings are allowed. If my child wears earrings and an accident related to them arises, I will accept full responsibility.</li> </ul>	
<b>First Aid:</b> I give permission for any member of Alfred Lord Tennyson School trained in First Aid to administer any necessary advice or minor treatment. This includes basic first aid measures and/or the calling of the emergency services if deemed necessary whilst in the care of the school.	
<b>Food Allergies:</b> We do have children in school with nut related allergies. Therefore, children are not permitted to bring any item to school that contains nuts, including items such as Nutella, peanut butter spread, fruit and nut chocolate etc. Please confirm that you will adhere to this.	
<b>Changing:</b> I give consent for my child to be changed should they have a toileting incident in school.	
PHOTOGRAPHIC CONSENT - Please only tick the box of those you consent to and initial. Thank You	
At Alfred Lord Tennyson School, we sometimes take photographs and videos of pupils. We use these photos in the school's prospectus, on the school's website, social media pages and on display boards around school. We would like your consent to take photos of your child and use them in the ways described above. We will accommodate your preferences.	
I am happy for photos/digital images/videos of my child to be used within school newsletters. Please be aware that our school newsletter is shared on our website.	
I am happy for photos/digital images/videos of my child to be used on the school website.	
I am happy for photos of my child to be used in marketing materials for the school such as the prospectus, presentation slide shows and banners which may be shared in the public domain.	
I am happy for photos of my child to be used in internal displays.	
I am happy for photos/videos of my child to be used on the school's public social media.	
I am happy for my child to be photographed by members of the PTFA at fund raising events for the school to retain and use.	
I am happy for photos of my child to appear in local press releases.	
I am happy for my child's photo to be taken by a professional photographer, that the school instructs, for the purpose of annual individual and class photos that are subsequently sold to parents (class photo proofs are provided to all parents of children that appear in the photo for ordering purposes).	
DATA SHARING CONSENT - Please only tick the box of those you consent to and initial. Thank You	
At Alfred Lord Tennyson School, we need to use and store some personal data about you and your child. This helps us to ensure the effective running of the school and all the services we provide. Most of the data we hold, and process is to fulfil our official functions set out in law. However, for some data we use or share, we need your consent to do this. If you are not happy for us to do this, that is no problem – we will accommodate your preferences.	
I am happy for the school to pass on my child's and/or my details to Professional Photographers for communication purposes.	
I am happy for the school to pass on my child's and/or my details to Love Food for communication and payment purposes.	
I am happy for the school to pass on my child's and/or my details to ParentPay for communication and payment purposes.	
I have gained permission from all my child's emergency contacts for the school to hold their details.	

As the legal parent/guardian of the child named on this form, I hereby declare that the information I have submitted is accurate and true to the best of my knowledge.

Parent Name: .....

Signature: ..... Date: .....