

# ROBIN HOOD PRIMARY SCHOOL NURSERY APPLICATION FORM

Child's surname.....Forename.....  
Middle Names(s).....Chosen Name.....  
Gender (F/M)..... Date of Birth...../...../..... Birth Certificate seen   
DD MM YYYY

## ADDRESS OF CHILD

Postcode..... Home Telephone Number.....

## DETAILS OF PARENT/GUARDIAN (for full **Emergency Contact** information please see overleaf)

Mothers Name..... Mobile Tel No.....

Mothers National Insurance Number (**Essential**) 

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 D.O.B. .... /..... /.....  
LL NN NN NN L DD MM YYYY

Address(**if different to above**)..... Home Tel No.....

Place of Work (**if applicable**)..... Works Tel No.....

Are you classed as a key worker Yes/No (Please delete as applicable)

E-mail address.....

Fathers Name..... Mobile Tel No.....

Fathers National Insurance Number (**Essential**) 

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 D.O.B. .... /..... /.....  
LL NN NN NN L DD MM YYYY

Address(**if different to above**)..... Home Tel No.....

Place of Work (**if applicable**)..... Works Tel No.....

Are you classed as a key worker Yes/No (Please delete as applicable)

E-mail address.....

Guardian (**if applicable**)..... Mobile Tel No.....

Address..... Home Tel No.....

Place of Work..... Works Tel No.....

## EDUCATIONAL HISTORY (if applicable)

Previous School/Nursery..... Start Date..... Leaving Date.....

## MEDICAL INFORMATION/ALLERGIES

Doctor's Name & Address of Practice..... Tel No of Practice.....

Medical Conditions/Allergies (**of which school should be aware**).....

## ETHNICITY & RELIGION

This information is treated in strictest confidence by the school and is requested purely for statistical returns to the Education Authority so that spending can be more closely targeted. These returns DO NOT include individuals names/details. We ask for your co-operation in completing this information, so that the school can obtain any extra funding that may be available from time to time.

Ethnic Origin..... Child's Religion.....  
Languages spoken by pupil a).....b).....  
Languages spoken in the home a)..... b).....

## DINNER ARRANGEMENTS. Please tick the appropriate box

School Dinner – Free  School Dinner – Paid  Sandwiches

## MODE OF TRAVEL Please tick the appropriate box

Bus  Car  Car Share  Cycle  Taxi  Walk

## EMERGENCY CONTACTS

Please give details of persons who can be contacted in an emergency when you are unavailable.

Name..... Relationship to child.....

Address..... Tel No.....

Contact No if not at home..... Place of Contact.....

Mobile No.....

Name..... Relationship to child.....

Address..... Tel No.....

Contact No if not at home..... Place of Contact.....

Mobile No.....

**IF ANY OF THE ABOVE INFORMATION CHANGES IT IS VITAL THAT YOU INFORM THE OFFICE IMMEDIATELY SO THAT WE CAN UPDATE OUR RECORDS**

Any further information you feel the school should know. All information is treated with the strictest confidence. Any information you give will help us to make reasonable adjustments for your child's learning.

Please tick if you would rather speak with the Head Teacher than give the information in writing.