

**Beaconside Primary and Nursery School**  
**Admission Form - Nursery**



**CHILD'S DETAILS**

Name of child	
Date of Birth	
Ethnicity	
Home Language	
Religion	
Siblings in school	

**PARENT/ CARERS' DETAILS**

Parent/Carer 1		Parent/Carer 2	
Address		Address	
Postcode		Postcode	
Emergency No.		Emergency No.	
Daytime No.		Daytime No.	
Evening No.		Evening No.	
e-mail address		e-mail address	

**Emergency Contacts**

Please provide two additional contacts we can get in touch with, should the parent/carers not be available in an emergency:

Name	
Relationship to Child	
Contact number(s)	

Name	
Relationship to Child	
Contact number(s)	

**Collection Of Child**

The following people are authorised to collect my child from School/The Acorn Club.

Full Name	Relationship to child.

### Dietary Requirements

Details of any special dietary requirements / food allergies

Please give details of severity and known symptoms

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### Medical Information

Details of any known medical conditions and/or allergies and details of any long-term medication such as Epipen or inhaler. For some medical conditions, a separate care plan will be created.

Doctor's Name	
Surgery Name	
Address of Surgery	
Telephone Number	

### Previous Nursery/Setting

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### About Your Child - what do we need to know?

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Signed By		Date
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The information supplied on this form will be processed in accordance with the requirements of the General Data Protection Regulations 2018. Please see the school's privacy notice for further information.

Identification Type	Original Seen By	Date
Birth Certificate		
Proof of Address		