



ADMISSION/CONTACT FORM NURSERY

Thorpe Primary School
Atherstone Avenue
Peterborough
PE3 9UG
Telephone No. 01733-264340
Headteacher: Miss Emma Anderson
Deputy Headteacher: Mrs P Jeremaes
Deputy Headteacher: Mrs N Oxe

Legal Surname:	Child's First Name
Known Name (if different from surname)	Middle Name
Date of Birth	Gender Male or Female
Home Address	Names of other children in the family at Thorpe Primary
Post Code	
Previous School	Address of previous School if outside of County
Does Mother have Parental Responsibility? Yes/No	Does Father have Parental Responsibility? Yes/No
Mother's Full Name	Father's Full Name
Address (if different from child's)	Address (if different from child's)
Home Telephone No. Mobile Telephone No. Email address:	Home Telephone No. Mobile Telephone No. Email address:
Mother's place of work Telephone No.	Father's place of work Telephone No.
<p>For the purposes of keeping you informed regarding your Child's progress, wellbeing in school and opportunities arising, we will periodically send information home via letter, or text, or email, or we may contact you by telephone. We ask that you please keep us up to date of any changes to your contact details.</p> <p>If you would like to discuss this with school, please contact the School Office.</p>	
<p>EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED</p> <p>Please note the parents will always be contacted first unless otherwise stated.</p> <p>If you wish to add a further contact who is/are not the parents we will need to have permission from the contacts to store their information on our school database. By signing this form you are confirming that they have given permission for us to hold their details.</p>	
1 st Contact	2 nd Contact
Name	Name
Relationship to child	Relationship
Address	Address
Telephone No. Mobile	Telephone No. Mobile
Permission to take home: Yes / No	Permission to take home: Yes / No

Safeguarding

If your family has any involvement with agencies for eg. Social services? please make an appointment with the Safeguarding Lead through the school office to discuss how we can support you and your child.

We are legally obliged to let your child leave with any adult who has parental responsibility. If you have any concerns about persons who have parental responsibility collecting your child, please contact the school office so that an appointment can be made with the Safeguarding Lead to discuss your concerns

Are you interested in helping in school? Yes/No

Any special skills, interests, contacts?

How many schools has your child attended prior to Thorpe?

Does your child have an Education Health and Care Plan (EHCP) Yes/No

If yes please indicate which stage your child is on from previous school.

Medical Information

Does your child wear glasses Yes/No

Does your child have grommets? Yes/No

Does your child wear a hearing aid Yes/No

If yes please give details:

Family Doctor

Telephone Number.

Practice Address

Does your child have any special dietary requirements? (Please note we use Halal meat) (Please tick the appropriate boxes)

None ☐

Vegetarian (no meat or fish) ☐

Vegetarian and can eat Halal Meat ☐

Vegetarian and can eat fish ☐

No Pork ☐

No Beef ☐

Allergies which require medical intervention. Please state

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Other food intolerances. Please state

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Does your child suffer from Asthma Yes/No

If yes does your child have an inhaler that needs to be kept in school Yes/No

Are there any other medical conditions which your child suffers from that the school need to be aware of?

If yes please state below

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To comply with the new data protection rules (GDPR) coming in from May 2018 and to ensure we are meeting the new requirements, we need to seek your consent to store your child's medical details on our school database and share them with the appropriate staff.

I consent to the medical information above to be stored on the school's database and shared with staff who need to support my child's medical needs

I confirm all information on this form is correct at the time of signing

Signed _____ Parent/Guardian Date_____

**Please give religion of your child or
'prefer not to say'**

Proof of address seen by:

Birth Certificate seen by:

Date: