

Newton Hill Community School
Nursery Application Form



Please complete in **BLOCK CAPITALS & BLACK INK**

Personal Information

Child's First Name	<input type="text"/>		
Child's Legal Surname	<input type="text"/>		
Child's Date of Birth	<input type="text" value="DD/MM/YEAR"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Child's Home Address	<input type="text"/>		
Postcode	<input type="text"/>		
Nationality	<input type="text"/>		
Language	<input type="text"/>		

Parent or Carer Details

Relationship to Child	<input type="text"/>	<input type="text"/>
Title (Mr,Mrs,Ms,Other)	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Address <i>(if different to child)</i>	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>
E-Mail Address	<input type="text"/>	<input type="text"/>

Newton Hill Community School

Do you have parental responsibility for the child?

Yes/No

Yes/No

Name of current provision i.e. playgroup

Brothers and Sisters

Details of brothers and sisters currently attending Newton Hill Community School at the point of application.

Name

Date of birth

Name

Date of birth

Parental Declaration Declaration

I certify that the information, which I have given, is correct. I also give permission for you to contact any relevant agencies to verify that any information on this form is correct. I consent to Newton Hill Community School processing the information detailed in this form. I understand that this will be used by the school for its administration purposes and my consent is based upon Newton Hill Community School complying with the Data Protection Act 1998.

I confirm that all other persons with parental responsibility have been contacted and have agreed to the request. I also confirm that to my knowledge, there are no applications before the County/Magistrates Courts by a parent, someone claiming to be a parent etc., disputing the child's residence or which school they attend.

Signature of Parent/Carer

Please return your form to: **Admissions - Newton Hill Community School
Newton Hill, Wakefield, WF1 2HR,**

Newton Hill Community School

For Office Use Only

STAMP

Date Received into office

Added to Admissions

Number

Date passed to Nursery Team

Nursery Team acknowledge Nursey Application via Email to Parent

Date

Nursery Team Contacted Parent/Carer

Date

Child invited to FEET Session

Date

Child to start at Newton Hill Community School

Date

NOTES

Documents received back from parents by Nursery Staff (FEET Session) checked and passed on to admin team.

Admission Form

GDPR Consent

Medical Forms

Date

Office Team Transferred to Current Roll

Date

Input by