



Holy Trinity Lamorbey CE Primary School Nursery Application Form

Please read the School Information Booklet, as this will help you to provide the information requested in this booklet.

Pupil Name:

Mission Statement

HTL transforms lives and builds futures through love, courage and wisdom. A strong standards agenda and ambitious broader curriculum offer ensures our pupils leave us exceptionally well prepared for life, in the knowledge that they are loved by God and that he has a unique purpose for each of them.

Surname:			
First Name			
Middle/Other Name(s)			
Chosen Name:			
Date of Birth:		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Child's Home Address			
Home Tel:			
Names of sibling attending HTL			
Child's position in family:	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th		

Details of Parents/Guardians who live with the child.

Parent 1 should be the parent the school should contact first in case of illness or emergency.

	Parent 1	Parent 2
Title:		
Surname:		
First Name:		
Relationship to child:		
Mobile No:		
E-mail Address:		

Addition Contacts

Please list at least one additional person who we can contact, in case of an emergency, if we cannot get hold of you.

Additional Contact 2

Title:	
Surname:	
First Name:	
Address:	
Mobile No:	
Occupation:	
E-mail Address:	

Please give details of any pertinent custody arrangements in place for this child, including prohibitive steps or non-molestation orders.

Name & address of any nurseries previously or currently attended		Date Started:

Medical detail and Dietary Requirements

GP Name & Address:	
Any known allergies:	
Regular medication:	
Please provide details of any medical conditions.	

Dietary Requirements	
Please tick relevant box(es)	Please tick or specify
Nut Allergy	
Other Allergy (please specify)	
No pork	
No beef	
Vegetarian	
Vegan	

Making Schools Better Places for Learning

Please help us to find out about any physical or mental health condition, impairment or difficulty that might affect your child's learning. We have a legal duty to take steps to improve outcomes for disabled people. The Department for Children, Schools and Families has developed a number of questions to help schools to obtain relevant information from all parents. The information will be used by us to promote the well-being of disabled children and to address any difficulties they face in all aspects of school life.

We will treat what you have told us here sensitively and in line with Data Protection laws. Our Privacy Notice is available on our website. None of the information will be shared with other parents or pupils.

If your child seen a professional e.g. pediatrician, psychologist, because of a physical or mental condition, impairment or difficulty, please tick below:	Please tick
Educational Psychologist	
Doctor	
Counsellor	
Pediatrician	
Therapist	
Speech & Language	
Other (please specify)	
What was the condition identified/diagnosed?	

Is your child affected as a result of a physical or mental health condition, impairment or difficult? Please tick any that apply to your child.	Please tick
Mobility; getting around in or outside the home	
Hand function: holding and touching	
Personal care: has difficulty washing, going to the toilet, dressing	
Eating & drinking: has difficulty eating or drinking by themselves, sickness or loss of appetite	
Incontinence: has difficulty controlling the passage of urine and/or faeces	
Communication: speaking and/or understanding others	
Learning; has special educational needs	
Hearing:	
Vision:	
Behaviour: has a condition that leads to the child being hyperactive or having a short attention span, or getting frustrated or behaving in a socially unacceptable manner	
Unconsciousness: has fits or seizures	
Diagnosed with Autism, Asperger Syndrome or Autistic Spectrum Disorder (ASD):	
Palliative care needs:	
Mental health needs e.g. depression, anxiety:	
Other (please provide information of any other area(s) that affect your child):	

We are required by the Department for Education to provide them with certain information. Please would you complete the following:

What is your family's Ethnic Group? Please tick one of the following:					
ABAN	Bangladeshi		MWBA	White/Black African	
AIND	Indian		MWBC	White & Caribbean	
AOTH	Any other Asian background		OOTH	Any other Ethnic Group	
APKN	Pakistani		WBRI	White British	
BAFR	Black African		WIRI	Irish	
BCRB	Black Caribbean		WIRT	Traveller – Irish Heritage	
BOTH	Any other Black background		WOTH	Any other White background	
CHNE	Chinese		WROM	Gypsy/Roma	
MOTH	Any other Mixed background		Please select an option above or tick Refused		
MWAS	White/Asian		REFU	Refused	
Child's First Language (main language spoken)					
Home Language(s) (other languages spoken in the home)					

What is your family's Religion? Please tick one of the following:			
Buddhist		Orthodox	
Christian		Roman Catholic	
Hindu		Sikh	
Islam		Other Religion	
Jewish		No Religion	
Muslim		Prefer Not To Say	

Mode of Transport: How will your child usually travel to school? Please tick one box only.	
Walk	
Car/Van (The only child travelling, or with other members of the same family)	
Car Share (With a child/children from another family)	
Bus	
Cycle	
Train	
Taxi	
Other (please specify)	

Parental Consents

Please read carefully the guidance notes in the School Information Booklet before completing these consents. Please complete all sections.

You can change your permissions at any time by writing to the school: contact@htl.bexley.sch.uk

Collection Password

Any person wishing to collect your child from school will be required to give the password you have provided.

Password:

If your child will regularly/occasionally be collected by a person not named as Parent 1 or Parent 2, please provide their details below:

Full Name	Relationship to Child	Contact No: