



BISHOP BRONESCOMBE C of E SCHOOL

Head Teacher: Mr Stewart Gynn
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NURSERY APPLICATION FORM

(Please note: This application form does not constitute an offer of admission)

CONFIDENTIALITY: The information given below will be maintained on the school's data base to which no unauthorised person shall have access and will be subject to strict control under the Data Protection Act.

Section A – Basic Pupil Details

Legal Forename _____ Preferred Forename _____

Legal Surname _____ Preferred Surname _____

Middle Name(s) _____ Date of Birth _____

Previous Surname _____

Age at admission _____ Gender Male/Female

Child of Service Personnel (Parent serving in Royal Navy, Army or RAF) Yes / No

Brothers/Sisters (including half/step brothers and sisters)

Please list in age order any siblings who are currently at this school.

Surname	Forenames	Gender	Date of Birth	Same address
		Female/Male	/ /	✓ / ✗
		Female/Male	/ /	✓ / ✗
		Female/Male	/ /	✓ / ✗
		Female/Male	/ /	✓ / ✗

Section B –Pupil Address

House number/name _____ Street _____

Town/City _____ Postcode _____

Tel Home/Mobile _____

Section C – Pupil Ethnic/Cultural Information

The school is required by law to provide the information you give to the DfE.

The school will not use this information for any other purposes.

Ethnicity (Data source: Parent ☐ Pupil ☐ Other ☐)

- | | | |
|---|--|---|
| <input type="checkbox"/> White – Cornish | <input type="checkbox"/> Other White British | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Gypsy/Roma | <input type="checkbox"/> Traveller of Irish heritage | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Any other Asian Background | | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> White and Black African | <input type="checkbox"/> Any other Mixed background |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black African | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other Ethnic Group | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Information not yet obtained | | |

First Language ☐ ENGLISH ☐ OTHER (please specify) _____

Religion

- | | | | | |
|------------------------------------|-----------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Methodist | <input type="checkbox"/> Muslim | <input type="checkbox"/> No Religion | <input type="checkbox"/> Other Religion | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Sikh | | | | |

Section D – Medical Information

☐ Emergency Medical Consent - *this confirms your agreement for the school to initiate medical appropriate treatment in the event of a medical emergency.*

Medical Practice _____

Practice Address _____

Telephone _____

Doctor's Name _____

Medical Conditions/Information – Please include details of any allergies/medical conditions e.g. asthma and medications regularly taken. (If you require more space please give full details on a separate sheet).

If none, please state 'NONE'

Section E – Family/Home

Contact 1

Title_____ Forename_____ Surname_____

House Number/Name_____ Street_____

Town/City_____ Postcode_____

☐ Parental Responsibility ☐ Court Order

Relationship: ☐ Mother ☐ Father ☐ Step Parent ☐ Foster Parent
☐ Grandparent ☐ Other Relative ☐ Neighbour ☐ Guardian
☐ Social Worker

Telephone Home_____ Work_____

Mobile_____ Email_____

Contact 2

Title_____ Forename_____ Surname_____

House Number/Name_____ Street_____

Town/City_____ Postcode_____

☐ Parental Responsibility ☐ Court Order

Relationship: ☐ Mother ☐ Father ☐ Step Parent ☐ Foster Parent
☐ Grandparent ☐ Other Relative ☐ Neighbour ☐ Guardian
☐ Social Worker

Telephone Home_____ Work_____

Mobile_____ Email_____

Contact 3

Title_____ Forename_____ Surname_____

House Number/Name_____ Street_____

Town/City_____ Postcode_____

☐ Parental Responsibility ☐ Court Order

Relationship: ☐ Mother ☐ Father ☐ Step Parent ☐ Foster Parent
☐ Grandparent ☐ Other Relative ☐ Neighbour ☐ Guardian
☐ Social Worker

Telephone Home_____ Work_____

Mobile_____ Other_____

Section F – Consent to collect from School

Please list the names of adults allowed to collect your child from school and provide a password

Password_____

Section G – Nursery History

Previous Nursery Name_____

Previous Nursery Address / Tel No._____

Section H – Pupil Premium

Has either of the applicant's parents been in a Service Profession in the last four years? Y / N

Is the applicant currently in Care, or ever been in Care (this includes adopted from Care)? Y / N

Has the applicant been eligible for Free School Meals within the last 6 years? Y / N

If you have answered Yes, please give full details below. You will also need to provide us with documentary evidence. Please attach a copy or bring in an original document for us to copy.

☐ Documentation included

Section I

I confirm that the above information is true and accurate. I undertake to inform the school if any of the above details change. I understand that this form does not constitute an offer admission by the school.

Signed_____

Date_____

Section J – Consent

In order to comply with the Data Protection Act 1998, the School needs your consent before taking photographs or making video recordings of your child for purposes which are not part of its core activities.

*You Have the option to indicate whether or not you consent to your child's images being taken and used for different purposes. **You can withdraw your consent at any time by writing to the school.***

Please give your consent by putting your initials next to each statement

Please initial here

I give consent for my child to be taken out of school in the local area on walks for local studies. ☐

I give consent for my child being to undertake local journeys out of school by coach/mini bus ☐

I give consent for my child to watch PG certificate films that are deemed to be appropriate by the school to support learning. ☐

Consent for photographs and video recordings of my child to celebrate achievements and for the schools own records. ☐

I give consent for my child to access the internet to support their learning. ☐

I will apply sun cream to my child on sunny days, and provide sun cream (in a named bottle) if it will need to be re-applied. ☐

The school may use photographs and videos of my child on internal screens and noticeboards which may also be viewed by visitors to the school/trust site. ☐

The school can use photographs and videos of my child on the school/trust social media sites and in the school newsletter (which is published on the school website) ☐

I confirm that the above is true and accurate. I undertake to inform the school if any of the above consents change.

Signed _____

Date _____

Child's Name _____ D.O.B. _____

Please highlight the sessions you would like your child to attend each week.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>Morning Session</u> (3hr) <u>8.45 – 11.45</u>	<u>Morning Session</u> (3hr) <u>8.45 – 11.45</u>	<u>Morning Session</u> (3hr) <u>8.45 – 11.45</u>	<u>Morning Session</u> (3hr) <u>8.45 – 11.45</u>	<u>Morning Session</u> (3hr) <u>8.45 – 11.45</u>
<u>Lunch Session</u> (0.5 hr) <u>11.45 – 12.15</u>	<u>Lunch Session</u> (0.5 hr) <u>11.45 – 12.15</u>	<u>Lunch Session</u> (0.5 hr) <u>11.45 – 12.15</u>	<u>Lunch Session</u> (0.5 hr) <u>11.45 – 12.15</u>	<u>Lunch Session</u> (0.5 hr) <u>11.45 – 12.15</u>
<u>Afternoon Session</u> (3 hr) <u>12.15 – 3.15</u>	<u>Afternoon Session</u> (3 hr) <u>12.15 – 3.15</u>	<u>Afternoon Session</u> (3 hr) <u>12.15 – 3.15</u>	<u>Afternoon Session</u> (3 hr) <u>12.15 – 3.15</u>	<u>Afternoon Session</u> (3 hr) <u>12.15 – 3.15</u>

I would like my child to start in the term of their third birthday and I will pay for sessions Yes / No

I will wait until my child is funded Yes / No

<u>If your child attends another Nursery/Early Years setting please give details below</u>	
<u>Name of Nursery/Early Years setting</u>	<u>Number of hours at this Nursery/Setting</u>

Signature of Parent/Carer

Name in capitals

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<u>Date:</u>	<u> / / </u>
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We are offering after school wraparound provision for nursery children. Please contact the school office for booking information. Charges are as follows: -

Afterschool – 3.15pm – 4.30pm - £5.00 (including snack)

Afterschool – 3.15pm – 6.00pm - £8.00 (including snack)

2 year old health check information

Has your child's health 2 year check been completed? Y / N Date: _____

Were any concerns raised during this 2 year check? Y / N

If yes, please give details _____

Has your child received a nursery/pre-school 2 year progress check Y / N Date: _____

Were any concerns raised during this 2 year check? Y / N

If yes, please give details _____

Pupil Premium

Has either of the applicant's parents been in a Service Profession in the last four years?

Y / N

Is the applicant currently in Care, or even been in Care (this includes adopted from Care)?

Y / N