

FOUNDATION ADMISSION FORM

EASTWAY PRIMARY SCHOOL

Child's First Names: Known to Family as:

Surname: Birth Certificate produced YES/NO

Date of Birth: MALE / FEMALE

Name of child's Mother:

Permanent Address:

.....POST CODE:Tel No:

Name of child's Father:

Permanent Address:
(if different from above)

.....Tel No:

Child's first language: Ethnicity:
(See separate list)

Languages spoken at home: Religion:

Is child withdrawn from Religious instruction? YES / NO

Does your child stay with a childminder? YES / NO

Has your child had any pre-nursery experiences? YES / NO

Nursery/School: Playgroup/Creche:

Family Centre: Parent/toddler group:

Name of Health visitor: Name of Social worker:
(if known) (if appropriate)

Name of Doctor:

Medical Information (including any major illnesses or injuries, also allergies including peanut allergies and fruit allergies, asthma, speech therapy, regular medication, glasses)

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EMERGENCY CONTACTS

Other than parents/guardians named overleaf – someone you are happy to care for your child.

Name:	Name:
Address:	Address:
.....
Tel No:	Tel No:
Relationship to child:	Relationship to child:

Have you applied for a Nursery place at any other school?

YES / NO

If yes, please state name of School:

Family details

Name of other children in family (oldest first)	Date of Birth	Name of School (if appropriate)

If your application is successful, please state a preference. We will try to accommodate your preference wherever possible, but the final decision must rest with the Headteacher.

Morning session		Afternoon session		No preference	
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Additional information to support your application:

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Signature of Parent/carer: Date:

*Please ask at school should you require any further information or help,
and return the completed application form to the Headteacher.*

Thank you for completing this application.

OFFICE USE ONLY

Admission No:

Date of Admission:

UPN:

Class: