**Office Use Only**

Sibling? Yes 🞏 No 🞏

Distance:

Primary School

P h o e n i x

**NURSERY APPLICATION FOR ADMISSION TO THE MAYFLOWER FEDERATION SCHOOLS**

**GENERAL**

Child’s First Name: Surname:

Date of Birth: Gender: Boy 🞏 Girl 🞏

Address:

Postcode: Borough:

Home Number: Mobile:

Name of Mother/Guardian:

Name of Father:

With whom does the child live with?

**SIBLINGS**

|  |  |  |
| --- | --- | --- |
| Name | DOB | School Attending |
|  |  |  |
|  |  |  |
|  |  |  |

**MEDICAL/SEN**

Does your child have any specific medical conditions or do you have any concerns that we need to be aware of?

*(Please tick)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asthma | 🞏 | Epilepsy | 🞏 | Allergies | 🞏 |
| Hearing Impairment | 🞏 | Vision Impairment | 🞏 | Speech and Language | 🞏 |

If yes, please provide details:

Doctors Surgery:

Are there any outside agencies that are involved in your child’s care at the moment or in the past 6 months?

(E.g. Social Services, CAMHS, SALT)

If yes, please supply details:

**ADDITIONAL**

Nationality:

Is your child new to this country? YES/NO if yes, date of entry into UK:

What is your child’s country of origin?

Please describe your child’s level of spoken English (Please tick)

1. No Spoken English 🞏
2. Can understand and say basic things 🞏
3. Can have conversation in English 🞏
4. Exposed to another language 🞏
5. Fluent in English 🞏

If your child speaks another language, please specify:

What is your child’s first language?

Religion(Please tick)

Christian 🞏 Hindu 🞏 Muslim 🞏 Jewish 🞏 Sikh 🞏 None 🞏

Prefer not to say 🞏 Other 🞏 (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic Origin

|  |  |  |
| --- | --- | --- |
| **WHITE** | **MIXED** | **BLACK/BLACK BRITISH** |
| British (Eng/Sco/Wel) **WBRI**  | 🞏 | White/Black African **MWBA**  | 🞏 | Caribbean **BCRB** | 🞏 |
| Irish **WIRI** | 🞏 | White/Black Carrib **MWBC** | 🞏 | African **BAFR** | 🞏 |
| Traveller (Irish) WIRT **WIRT** | 🞏 | White/Asian **MWAS** | 🞏 | Any Other Black **BOTH** | 🞏 |
| Gypsy/Roma **WROM** | 🞏 | Any Other Mixed **MOTH** | 🞏 | **ANY OTHER ETHNIC BACKGROUND** |
| Any Other White **WOTW** | 🞏 | **ASIAN/ASIAN BRITISH** | Chinese **CHNE** | 🞏 |
| Greek **WGRE** | 🞏 | Indian **AIND** | 🞏 | Vietnamese **OVIE** | 🞏 |
| Turkish **WTUR** | 🞏 | Pakistani **APKN** | 🞏 | Any Other Ethnic Group **OOEG** | 🞏 |
| Portuguese **WPOR** | 🞏 | Bangladeshi **ABAN** | 🞏 |  | 🞏 |
|  | 🞏 | An Other Asian **AOTH** | 🞏 |  | 🞏 |
| I do not wish an ethnic background category to be recorded **REFU** | 🞏 |
| Asylum Seeker | 🞏 | Refugee | 🞏 | Traveller | 🞏 |

**Which school are you applying for?**

**Phoenix 🞏 Ilderton 🞏**

**DECLARATION**

**I declare that the information given is true and accurate. I understand that should any of the information supplied be shown to be false, then the offer of a place may be withdrawn.**

**Name of Parent/Guardian (BLOCK CAPITALS PLEASE)**

**Signature of Parent/Guardian Date:**