

Glebe Primary School Nursery Admissions Form

Childs Information			
Surname:		Forename:	
Gender:	Girl / Boy <i>(please circle)</i>	Date of Birth:	
Child's Position in family:		Name of Siblings at Glebe:	
Address:		Country of Birth:	
		Nationality:	
Postcode:		Previous School:	

Parents Information			
<i>We are required to record the names and addresses of <u>every person</u> who has parental responsibility for the child under the Children Act.</i>			
Parent(s)/Legal Guardian(s) with whom the child lives			
Name & Title:		Address:	
Relationship:	Mother/Father/Guardian <i>(please circle)</i>	Tel:	
		Email:	

Parent(s)/Legal Guardian(s) with whom the child lives			
Name & Title:		Address:	
Relationship:	Mother/Father/Guardian <i>(please circle)</i>	Tel:	
		Email:	

Other Emergency Contacts			
Name & Title & Relationship to child:		Tel:	

Medical Information			
Child's Doctor: (Name and Address)	Medical Conditions you feel we should be aware of: <i>(please circle)</i> <div style="text-align: center; margin-top: 5px;">Asthma / Hayfever</div>		
Tel:	Any known allergies		
	Other <i>(please specify)</i>		

Special Educational Needs	
Does your child have any Special Educational Needs?	YES / NO <i>(please circle)</i>
If YES <i>(please specify)</i>	

Additional Information
Please provide any information you feel may be relevant to enable us to support your child. The Headteacher will be happy to discuss any special needs or concerns you or your child may have.