Rugeley John Taylor School,
Kingfisher Avenue, Rugeley, WS15 1PR
E: admissions@rjt.jtmat.co.uk W: www.rugeleyjohntaylor.co.uk T: 01889 743800

PUPIL ADMISSION FORM FOR NURSERY

Please tick your preferred allocated sessions:

	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please tick here if you require a full-week provision ☐

If you are eligible for 30-hours please insert code here:

Please see our 'Charging and Remissions Procedure' in relation to additional childcare, over the funded 30 hours.

Child's **legal** surname: Child's **legal** forename: Gender: **M** or **F**

If you wish your child to be known by a name other than their legal name, please enter details below:

Child's **preferred** surname: Child's **preferred** forename:

Date of Birth **Date of 3rd birthday**

Birth certificate or passport seen by the office: Yes / No. **Passport**: British / Other:

Address & Post code

Religion **Ethnicity**

Child's First Language **Is your child proficient in this first language?**

Child's previous education

Name of previous Nursery	Dates attended	Address

Siblings

Name	Date of birth	School attended

Name of Child's Doctor

Child's NHS Number

Medical information / Parent Concerns (sight, speech, hearing, diet, allergies, asthma, surgery, medication, special concerns)

Is your child up to date with Vaccinations?	
Has your child had the MMR (Measles/Mumps/Rubella) Vaccination?	

Name of Child's Dentist if currently registered:

Agencies involved

Social Services ☐ **Physio** ☐ **OT** ☐ **Speech Therapy** ☐ **SENSS** ☐

Other

Modes of travel: Walk ☐ **Car** ☐ **Cycle** ☐

Parental Responsibility

Please give details of all persons who have legal responsibility for this pupil and someone who could be contacted should an emergency arise when you are unavailable.

Legal Guardian's Information

Relationship to Child:		
Title	Forename	Surname
Contact Telephone number		In case of emergency please contact me 1st or 2nd or other (please circle as appropriate)
Current address if different to child		
Email address:		
National Insurance number **This must be provided to enable us to access funding.**		**Date of Birth** **This must be provided to enable us to access funding.**
Place of birth		Place of education
Home language (spoken) -		Home language (written) -
Occupation and place of work		Work telephone number
Parental responsibility Y/N		

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Occupation and place of work		Work Telephone number
Parental responsibility Y/N		

Please continue here to provide further emergency contact information if appropriate:

3rd Emergency contact

Title	Forename	Surname
Relationship to child		
Language spoken		
Address		
Telephone		

4th Emergency contact

Title	Forename	Surname
Relationship to child		
Language spoken		
Address		
Telephone		

5th Emergency contact

Title	Forename	Surname
Relationship to child		
Language spoken		
Address		
Telephone		

Signature of Parent completing form ……

Date……