



Harry Roberts Nursery School

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Roll Number: _____

Class: _____

Surname:	Forename(s):
Date Of Birth:	Gender:
Ethnicity:	First Language:
Country Of Birth:	Language (s) spoken/used at home:
Date of Admission:	Religion (if any):
Home Telephone Number: Parents e.mail:	Home Address: Post Code:

Parent/Carer 1:	
Name and relationship	
Parental Responsibility?	
Contact/Mobile Number:	
Work Number:	
Occupation:	
Parent/Carer 2:	
Name and relationship	
Parental Responsibility?	
Contact/Mobile Number:	
Work Number:	
Occupation:	



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<p>Name of Emergency Contact:</p> <p>Relationship to Child:</p> <p>Who will collect your child?</p> <p>(Explain that no one under the age of 14 years is allowed and to inform us if anyone different will be picking up the child).</p>	<p>Number:</p>
<p>Previous School/day care/playgroup:</p> <p>Did they enjoy it there? What helped him/her settle?</p>	<p>Attended From:</p> <p>Until:</p>

<p>Number of Children Under 16:</p>	<p>Place in Family:</p>
<p>Siblings and Schools:</p>	
<p>1.</p>	<p>2.</p>
<p>3.</p>	<p>4.</p>
<p>Siblings on Waiting List or Not yet On Roll</p>	
<p>1.</p>	<p>2.</p>

<p>Any Special Educational Needs concerns? Statement?</p> <p>Any concerns regarding development?</p>	
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Any concerns about speech?	
Eligible For Free School Meals? How is their eating?	

Doctor's Name:	Practice: Tel:
Health Visitor's Name: Has your child had their 2 year old check? If so, were there any concerns?	
Health/Medical/Allergies: How is his/her health generally? Have you had any worries about their health at any time? Any dietary concerns? Do you have any concerns about their hearing or eyesight?	
Are you registered with a dentist? <i>(Please advise all parents that their child should register with a dentist)</i>	
Any other agencies involved (SLT, Child Development Team, Social Care...)	



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Are you registered with the Children's Centre?	
Walking school How do you come to school? <i>(Please advise that for health reasons we are a walking school and encourage all children to walk to school – see leaflet)</i>	
Please provide any other information that you feel is relevant for the school to be aware of:	
(Prompts as guidance) Is she/he toilet trained and how well do they sleep? Does your child have any likes/dislikes? What does he/she like to play with at home? Is there anything they really dislike which we should know about? Is your child used to being left with other people? Are they used to being with other children? What would you like to tell us about your child and is there anything you would like to ask?	
When this form is complete, please give a copy to the school office.	

GDPR Statement

We complete this form to comply with our legal obligation of safeguarding your child and to find out more about them. We will keep personal information about your child while they are a pupil at our school. We may also keep it after they have left the school, where we are required to by law. The form will be forwarded to your child's next place of education along with their other records.

This data will be held securely in the school and only shared with relevant school staff. We do not share this information with any third party without consent unless the law and our policies allow us to do so.

Parents signature: _____ Date: _____