



LEGAL SURNAME:		LEGAL FORENAME:		MIDDLE NAME/S:	
Please note that only the Legal Surname is used in school (as shown on birth certificate or subsequent court document).					
PREFERRED FORENAME:		ADDRESS:			
		POSTCODE:			
DATE OF BIRTH:		MALE/FEMALE:		RELIGION:	
Was your child premature? YES/NO					
FIRST LANGUAGE: (If more than one, list in order of use)		ETHNIC ORIGIN:		COUNTRY OF BIRTH:	
Please list contact names and numbers in the order you would like us to make contact (at least 2, to include parents). This list will also be used to inform the class teacher who can collect your child from school. PLEASE PRINT.					
FULL NAME		CONTACT NUMBER		ADDRESS (if different from above)	RELATIONSHIP TO CHILD (please tick those with legal parental responsibility and if this person is a member of the armed forces)
1)		Home: Work: Mobile: Email:			
2)		Home: Work: Mobile: Email:			
3)		Home: Work: Mobile: Email:			
4)		Home: Work: Mobile: Email:			
Does your child have any brothers / sisters in Berkeley Primary School? YES / NO		If Yes, please give names and dates of birth:			
Is the above named child a 'Looked After Child'? e.g. you are the grandparent or foster parent with parental responsibility. YES / NO		Does your child have any Pre School experience? If yes, please name:			
If yes, please state the relationship to child:		Please state the name of any previous school attended:			
Is either parent in the Armed Forces? Yes / No					

MEDICAL INFORMATION

If applying for a Nursery place, please state name and contact number (if known) of Health Visitor:

Name & Address of Doctor:

DOES YOUR CHILD SUFFER FROM ANY ALLERGY?
(e.g. food, peanuts or plasters)

YES / NO

If YES please state the substance which causes this:

How does your child react?

IS YOUR CHILD ASTHMATIC?

YES / NO

DOES YOUR CHILD NEED TO USE AN INHALER IN SCHOOL?

YES / NO

DOES YOUR CHILD HAVE ANY OTHER MEDICAL CONDITION WHICH THE SCHOOL NEEDS TO BE AWARE OF?

YES / NO

If YES, what is this condition (briefly) and what action needs to be taken?

Please note, if you answered YES to any of the above medical questions, we will complete a medical plan with you specific to your child.

OTHER INFORMATION

Since September 2014 all Reception, Year 1 and Year 2 children receive a free hot school meal, please complete the following:

Lunch Provided by School (Nursery, Year 3- 6 only)

Please circle which meal you require for your child:

Hot school meal or Sandwich

Special dietary requirements

Is your child Vegetarian? YES / NO

Can your child eat fish? YES / NO

If there are any foods your child cannot eat due to religious or medical reasons please state here:

Are you receiving benefits? You may be eligible for the Benefit Free School Meal funding. This additional funding is to support your child whilst in school. To register for the Benefit Free School Meal Funding contact the Education Benefit Office on 01724 297217 this will also release other funding for your child such as a clothing grant as well as additional support for your child whilst in school. For further information visit www.northlincs.gov.uk or follow the link on the school website.

Please note: We will arrange a New Starter meeting with a member of staff prior to your child starting in our school, during this meeting you will be given a Welcome Pack. You can also find further information regarding our school at www.berkeleyprimary.co.uk

The school is required to share some of the data with the Local Authority and with the DfE.

Parent/Guardian Signature Date

OFFICE USE ONLY: IN / OUT

SCHOLAR PACK	DATE OF HOME VISIT:
START DATE:	CLASS: