

NURSERY STUDENT DATA FORM

SCHOOL NAME : Gawthorpe Community Academy

CHILD'S FULL NAME:	PREFERRED NAME:
DATE OF BIRTH:	BIRTH CERTIFICATE SEEN: YES / NO
SEX: MALE / FEMALE	SESSION TIME (AM / PM / FT):
ADDRESS (including Postcode):	CONTACT DETAILS:
Proof of Address Seen & Date :	HOME:
	MOBILE:

CHILD'S FIRST LANGUAGE:	RELIGION:
OTHER LANGUAGES SPOKEN IN THE HOME:	ETHNIC ORIGIN:
COUNTRY OF BIRTH:	NATIONALITY:

PARENT 1 NAME:	PLACE OF WORK:
ADDRESS IF DIFFERENT FROM ABOVE:	WORK TEL NO:
EMAIL :	
PARENT 2 NAME:	PLACE OF WORK:
ADDRESS IF DIFFERENT FROM ABOVE:	WORK TEL NO:
EMAIL :	

OTHER CONTACTS IN CASE OF EMERGENCY (excluding parents)

NAME:	TEL NO:
ADDRESS:	RELATIONSHIP TO CHILD:
NAME:	TEL NO:
ADDRESS:	RELATIONSHIP TO CHILD:
NAME:	TEL NO:
ADDRESS:	RELATIONSHIP TO CHILD:
PLEASE GIVE DETAILS BELOW OF ANYONE WHO IS GIVEN PERMISSION TO COLLECT YOUR CHILD FROM NURSERY / SCHOOL.	
NAME:	ADDRESS IF DIFFERENT:
	RELATIONSHIP TO CHILD:
NAME:	ADDRESS IF DIFFERENT:
	RELATIONSHIP TO CHILD:

PLEASE TELL US ABOUT ANY OTHER SIBLINGS :

NAME:	D.O.B.	SCHOOL ATTENDING:
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**IS ANY PERSON NOT ALLOWED TO COLLECT THE CHILD?
(SECTION 8: CHILDRENS ACT 1989)**

ARE THERE ANY OTHER AGENCIES OR SUPPORT WORKERS INVOLVED IN YOUR CHILD'S CARE? (E.G. SOCIAL WORKER)

**HAS YOUR CHILD ATTENDED PLAYGROUP, NURSERY OR A CHILDMINDER?
PLEASE GIVE DETAILS AND DATES:**

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**WHAT IS YOUR CHILD'S USUAL MODE OF TRAVEL TO AND FROM SCHOOL?
(e.g. walk, cycle, car, bus, taxi, train etc)**

IMPORTANT HEALTH INFORMATION

G.P:	HEALTH VISITOR:
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CLINIC / SURGERY:

**DOES YOUR CHILD HAVE A MEDICAL CONDITION WE SHOULD KNOW ABOUT?
(E.G. ASTHMA, EPILEPSY)**

DOES YOUR CHILD HAVE ANY ALLERGIES?

ARE THERE ANY REASONABLE ADJUSTMENTS WHICH YOU FEEL WOULD BE APPROPRIATE:

PARENTAL CONSENT

Consent Type	Permission <i>(Please circle your response)</i>		Notes
Off-site school trips/activities – participation	Denied	Granted	
Off-site school trips/activities – receive first aid or urgent medical treatment	Denied	Granted	
Off-site school trips/activities – visit places of worship	Denied	Granted	
Images – for use in local/national media	Denied	Granted	
Images – for use in school publications	Denied	Granted	
Images – for use on MAT/School website	Denied	Granted	
Images – for use within school premises	Denied	Granted	
Pass info between school & home with your child	Denied	Granted	
Call a doctor in an emergency	Denied	Granted	
Administer first aid in an emergency	Denied	Granted	

I confirm that the above information is correct : Signed _____ Date _____

The information on this form will be processed in accordance with the General Data Protection Regulation.