

Newcroft Pre-School Admission Form

Please complete all shaded boxes on these forms



This data is being collected for the purpose of essential information to comply with legal requirements and is in accordance with the General Data Protection Regulation (2018). Data on this form will be shared, with Newcroft Primary Academy, in line with the school's Privacy Notice.



Please PRINT in the grey areas below

Please provide as much information as possible about your child					
Legal Surname		Legal Forename			
Preferred Surname		Preferred Forename			
Middle Name(s)		Date of Birth		Birth Place	
Home Address					
Post Code		Home Tel No.		Gender (M/F)	

Please give details of all persons who have parental responsibility

(each contact must sign the form. By signing, each contact is agreeing for the Pre-School to hold their contact details)

**Contact Information
PARENT/GUARDIAN**

Title and Surname		Forename			
Daytime/work Tel No.		Work Place			
Home Tel No.		Mobile Tel No.			
Email Address					
Home Address (if different to above)					
Post Code		SIGNED			
Relationship to Pupil			Parental Responsibility (Y/N)		

**Contact Information
PARENT/GUARDIAN**

Title and Surname		Forename			
Daytime/work Tel No.		Work Place			
Home Tel No.		Mobile Tel No.			
Email Address					
Home Address (if different to above)					
Post Code		SIGNED			
Relationship to Pupil			Parental Responsibility (Y/N)		

Lunchtime Meal Arrangements - Please indicate the type of meal to have for each day of the week

Type of Meal	Monday	Tuesday	Wednesday	Thursday	Friday
Packed Lunch					
School Meal					

Dietary Requirements	Artificial Colouring Allergy		No Pork		No Dairy Produce	
	Gluten Free		Halal		Kosher Foods only	
	No nuts of any type		Vegetarian		Seafood Allergy	
Does your child have any other dietary requirements of which the Pre-school should be aware?						

Medical Information

Medical Practice Name		Tel No.	
Medical Practice Address			
Does your child have any medical conditions of which the Pre-school should be aware?			
Does your child receive any paramedical support?	Occupational Therapy		
	Physiotherapy		
	Other (please specify)		

Other Information

Does your child have any brothers or sisters at Pre-school or Newcroft Primary Academy?	Yes		No	
If 'Yes', please give details				
Please use this space to give us any further information about your child that you feel we should know about and which has not already been covered by this form				

Signature of Parent/Carer with Legal Responsibility for the Child <small>(please use an electronic signature where possible – we will send this back to you for signing if not)</small>	Parent/Carer Name	Date