**Nursery Application Form**

NOTE: *Please read the Completion Advice Notes to assist you in completing this form.*

*Completed forms should be returned to your first choice nursery with a copy of your*

*child’s Birth Certificate.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The information you provide below, is stored and processed electronically. Your data is processed because we have a legal obligation to do so, and is done so in accordance with the Data Protection Act 2018. For more information about how and why we use your personal data, please visit [www.eastlothian.gov.uk/enrolment](http://www.eastlothian.gov.uk/enrolment) | | | | | | |
| **1. Child Details** | | | | | | |
| Forename(s) |  | | Known  As | |  | |
| Surname |  | | | | | |
| Date of Birth |  | | Gender (M/F) | | | M  F  |
| Address |  | |  | | |  |
| Brothers/sisters already at this school: | | | |
|  | | | |
| Postcode |  |  | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Contact Details** *Please provide details of up to 4 contacts* | | | |
| Contact 1 – Parent/Carer | | | |
| Name | Mr/Mrs/Miss/Ms (please delete) | | |
| Address | *(if different to child’s):* | | |
| Postcode |  | Daytime Telephone No. |  |
|  | | Home Telephone No. |  |
| Mobile No. |  |
| Relationship |  | Can Collect | Yes  No  |
| **\*\* For email details please see section 17 below \*\*** | | Emergency Contact | Yes  No  |

|  |  |  |  |
| --- | --- | --- | --- |
| Additional Contact 2 | | | |
| Name | Mr/Mrs/Miss/Ms (please delete) | | |
| Address |  | | |
| Postcode |  | Daytime Telephone No. |  |
|  | | Home Telephone No. |  |
| Mobile No. |  |
| Relationship |  | Can Collect | Yes  No  |
|  | | Emergency Contact | Yes  No  |

|  |  |  |  |
| --- | --- | --- | --- |
| Additional Contact 3 | | | |
| Name | Mr/Mrs/Miss/Ms (please delete) | | |
| Address |  | | |
| Postcode |  | Daytime Telephone No. |  |
|  | | Home Telephone No. |  |
| Mobile No. |  |
| Relationship |  | Can Collect | Yes  No  |
|  | | Emergency Contact | Yes  No  |

|  |  |  |  |
| --- | --- | --- | --- |
| Additional Contact 4 | | | |
| Name | Mr/Mrs/Miss/Ms (please delete) | | |
| Address |  | | |
| Postcode |  | Daytime Telephone No. |  |
|  | | Home Telephone No. |  |
| Mobile No. |  |
| Relationship |  | Can Collect | Yes  No  |
|  | | Emergency Contact | Yes  No  |

**3. Which nursery do you wish your child to attend?**

*Please list up to 3 local authority choices in priority order. Whilst we will try to offer your first choice this cannot be guaranteed. PLEASE RETURN THE COMPLETED FORM TO YOUR FIRST CHOICE NURSERY.*

1.

2.

3.

*If a place cannot be made available in your first choice of nursery, you may wish to attend another*

*nursery this year. If so, please advise the head teacher of the nursery of your first choice whether you still wish to remain on their waiting list for this year.*

**4. Child Health Information**

Does the child have any long-term illness, medical condition or disability? Yes  No 

Not Disclosed 

If yes, please give a brief description**:**

Has there been a professional assessment confirming disability ? Yes  No 

Can you provide copies of professional assessment ? Yes  No 

|  |  |  |  |
| --- | --- | --- | --- |
| **5. Doctor Details** | | | |
| Health Board: | Lothian  *(amend if incorrect)* | Practice |  |
|  | Address  Post Code  Telephone No. |

|  |  |  |
| --- | --- | --- |
| **6. Concerns** | | **Please add details of any concerns about your**  **child (mark “Yes” or “No” for each category):** |
| Sight | Y / N |  |
| Hearing | Y / N |  |
| Speech/Language | Y / N |  |
| Coordination and movement | Y / N |  |
| Behaviour | Y / N |  |
| Toileting | Y / N |  |
| Involvement of Educational Psychologist | Y / N |  |
| Involvement of Social Worker | Y / N |  |
| Other | Y / N |  |

**7. Dietary Requirements**

Any Special Dietary Requirements Yes  No 

If yes, please provide details below

|  |  |
| --- | --- |
| **8. Health Visitor** | |
| Name of Health Visitor |  |
| Is Health Visitor based at Doctor’s address in section 5 above? Yes  No   If “No”, enter their address details below: | |
| Health Visitor Address (If different to Doctor’s practice) |  |

|  |  |  |
| --- | --- | --- |
| **9. Ethnic Background** | | |
| Please tick the **one** category. | | |
| African – African/British/Scottish   African – Other   Asian –  Bangladeshi/British/Scottish   Asian - Chinese/British/Scottish  Asian - Indian/British/Scottish  Asian – Other   Asian - Pakistani/British/Scottish  | Caribbean or Black   Caribbean/British/Scottish  Caribbean or Black - Other   Mixed or multiple ethnic  groups   Not Disclosed  Not Known  Other Arab   Other – Other  | White - Gypsy Traveller   White – Irish  White – Other  White - Other British  White - Polish  White - Scottish  |
| If you have ticked one of the ‘Other’ boxes for any of the above ethnic origins, please enter the specific  ethnic origin here: - | | |

|  |  |  |
| --- | --- | --- |
| **10. Childs Religion - Please tick any religious affiliation below** | | |
| Buddhist  Christian  Hindu   Jewish  | Muslim  None  Not Disclosed   Not Known  | Other (please specify)   Sikh  |
| If you have ticked the ‘Other’ box please enter the specific religion here: | | |
| **11. National Identity** - Please tick the **one** category. | | |
| British   English   Northern Irish  | Not Disclosed   Not Known   Other (please specify)  | Scottish   Welsh  |
| If you have ticked the ‘Other’ box please enter the specific National Identity here: | | |

**12. Asylum Status** - Please tick the **one** appropriate category, if applicable.

Asylum Seeker  Refugee 

**13. Main Home Language –** Please detail the main language spoken at the child’s home (e.g. “English”):

**14. Additional Information to support application**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **15. Marketing Information** | | | | | | | | |
| To assist us in our marketing strategies please tick one of the following boxes indicating how you were  informed of the application process | | | | | | | | |
| How did you hear about this nursery? Please select all which apply | | | | | | | | |
| Local Press  National  Press |    | Local Primary  School  From Nursery |    | Council buildings (libraries,  community centres etc) Friends/Relations |    | Other |  |  |
|  |

|  |  |  |
| --- | --- | --- |
| **16. Intended Primary** *– please state the primary school you are intending to enrol the child at, for their P1 year* **. *Placement in a primary school is based on home address and pupils who attend a nursery school or class are not guaranteed a place if they do not live within the school’s catchment area.*** | | |
| Local Authority Primary (please   state) | Non Local Authority Primary   (please state) | Unknown  |
|  |  |  |

|  |
| --- |
| **17. Email Consent** |
| One of the ways in which East Lothian Council schools like to communicate with parents is via e-mail.  If you are happy to receive correspondence in this way, please complete the fields below.  Please note – once you have consented and provided email details below, those details move with the pupil record to their next school in East Lothian.  Name of Parent/Carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you change your mind at any point in the future about being contacted by email, please contact the  school office to make any changes. |

|  |
| --- |
| **18. Declaration** |
| **I declare the information on this form to be correct to the best of my knowledge.**  Signed  Print Name Date |

|  |  |  |  |
| --- | --- | --- | --- |
| ***19. OFFICE USE ONLY*** | | | |
| *Date of Application* |  | *Allocation Category* |  |
| *Proof of Birth Date seen* | *Yes*  *No*  | *Expected Start Date:* |  |

|  |  |  |
| --- | --- | --- |
| *Identification: Enter Birth Cert Number & Time of Birth* | | |
| *1)* | *Birth Certificate Number (e.g.“ 123 / 2012 / 123”):* | *\_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_* |
| *2)* | *Time of birth (e.g. “0155 Hours”)* | *\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_* |