

**Other adults living at this address**

|      |                        |
|------|------------------------|
| Name | Relationship to child: |
| Name | Relationship to child: |

**Other Children in the Family**

|      |               |
|------|---------------|
| Name | Date of Birth |
| Name | Date of Birth |

**What school did your child previously attend?**

|                |                |
|----------------|----------------|
| Name of school | Dates attended |
|----------------|----------------|

**Additional Information****Does your child have additional needs the setting should be aware of?**

| Additional Needs   | Details |
|--|---------|
| Special Needs  |         |
| English is an additional language  |         |
| What is your child's ethnic origin   |         |
| What language does your child speak at home  |         |
| What is your child's religion  |         |
| Details of any agencies or services involved with family i.e. Social Services/Police etc |         |
| Medical information i.e. Allergies etc   |         |
| Country of Birth   |         |

To help the school receive Pupil Premium Funding it would be appreciated if you could provide your National Insurance number. This information will of course be confidential and will be held under the regulations set out in the Data Protection Act

|                  |  |
|------------------|--|
| Mother NI Number |  |
| Father NI Number |  |

**Are you serving with the Armed Forces YES/NO****Mode of Travel** (please tick which mode of travel you use)

|      |                          |     |                          |           |                          |      |                          |                  |                          |
|------|--------------------------|-----|--------------------------|-----------|--------------------------|------|--------------------------|------------------|--------------------------|
| Walk | <input type="checkbox"/> | Car | <input type="checkbox"/> | Car Share | <input type="checkbox"/> | Bike | <input type="checkbox"/> | Public Transport | <input type="checkbox"/> |
|------|--------------------------|-----|--------------------------|-----------|--------------------------|------|--------------------------|------------------|--------------------------|

**Signed Declaration:**

|         |                        |
|---------|------------------------|
| Signed: | Date:                  |
| Name:   | Relationship to child: |

As a school we are dedicated to provide equal opportunities to all. As part of the Disability Equality Duty we can help you access our school, if you inform us of any disability e.g. Audio letters, large text, a reader or help to fill in forms.