



FULFEN PRE-SCHOOL SEPTEMBER 2024 APPLICATION FORM

Please complete the details requested on this form to apply for a place at Pre-School for **September 2024** and return to Fulfen Primary School. **Pre-School runs from 8:30am - 11:30am, Monday to Friday, during school term-time.** If you have any questions, please contact the school office by email nursery@fulfen.staffs.sch.uk or phone 01543 226070.

The details given will be electronically stored and only used to support necessary administration processes in the school office.

Pupil Information

Full Legal Name:

Preferred First Name:

Preferred Surname:

Date of Birth (dd/mm/yyyy):

Gender: Male ☐

Female ☐

Home Address (inc post code):

Ethnic/Cultural

Ethnicity:

First Language:

Religion (please tick):

☐ C of E

☐ Roman Catholic

☐ Jewish

☐ Muslim

☐ Sikh

☐ Hindu

☐ None

Other (please specify) _____

Medical Details

Medical Practice:

Address:

Phone Number:

Details of any Medical Conditions / Allergies:

Brothers/Sisters already at Fulfen Primary School

Name

Date of Birth

Year Group

Previous Nursery (if applicable)

Name:

Address:

Phone Number:

Date of Admission:

Date of Leaving:

Please give details of ALL persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please fill in all the details and place them in the order that you wish for them to be contacted in an emergency.

Parent / Carer Details		
Mr/Mrs/Miss/Ms	Full Name:	
Address: <input type="checkbox"/> same as child; or		
Home:	Work:	Mobile:
Email:		
Relationship to child:		Parental Responsibility (Y/N):
Mr/Mrs/Miss/Ms	Full Name:	
Address: <input type="checkbox"/> same as child; or		
Home:	Work:	Mobile:
Email:		
Relationship to child:		Parental Responsibility (Y/N):
Mr/Mrs/Miss/Ms	Full Name:	
Address: <input type="checkbox"/> same as child; or		
Home:	Work:	Mobile:
Email:		
Relationship to child:		Parental Responsibility (Y/N):

Whom does the child live with? (please tick):				
<input type="checkbox"/> Both parents, same household	<input type="checkbox"/> Both parents, different households	<input type="checkbox"/> Mother only	<input type="checkbox"/> Father only	<input type="checkbox"/> Foster parents
Please tick if the child is a Looked After Child (LAC): <input type="checkbox"/>				
Please tick if the child is from a returning Service/Crown Servant family: <input type="checkbox"/>				
Please tick if this child has an Education, Health and Care Plan (EHCP): <input type="checkbox"/>				

Carer information is required to allow an economic assessment for Early Years Premium. If you are happy to provide this, please complete the information below:		
Full Name:	Date of Birth:	National Insurance Number:
Full Name:	Date of Birth:	National Insurance Number:

Signed (Parent/Carer):	Date:
Data Protection Act 1988: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect information and keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.	