



Childs Details

Child's First name:	Child's Surname:
Date of Birth:	Gender: M/F:
Parent /Guardian (Mother):	Parent/Guardian (Father):
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Home Phone Number:	Home Phone Number:
Work/Mobile:	Work/Mobile:
Email:	Email:

Current Nursery

Name:
Address:
Telephone:

Admission Priority

Looked after child:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes, please give details):
Does your child have a Statement of Special Educational Needs or an EHC (Educational Healthcare Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes, please give details):
Brother/sister attending Fleet	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes, please give details): Name: Year Group:



Additional Information

Ethnicity:

- | | | | |
|----------------------------|--------------------------|-----------------------------|--------------------------|
| Albanian | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Greek | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| Greek Cypriot | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| Kosovan | <input type="checkbox"/> | Black African | <input type="checkbox"/> |
| Turkish | <input type="checkbox"/> | Black Nigerian | <input type="checkbox"/> |
| Turkish Cypriot | <input type="checkbox"/> | Black Somali | <input type="checkbox"/> |
| White European | <input type="checkbox"/> | Other black African | <input type="checkbox"/> |
| White Other | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| Gypsy / Roma | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| White and Black Caribbean | <input type="checkbox"/> | Kurdish | <input type="checkbox"/> |
| White and Black African | <input type="checkbox"/> | Latin/South/Central America | <input type="checkbox"/> |
| White and Asian | <input type="checkbox"/> | Czech Republic | <input type="checkbox"/> |
| Any other mixed background | <input type="checkbox"/> | Other Ethnic Group | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | | |
- If other Ethnic group – please state

Additional Information

Religion:	Country of Birth:
Nationality:	Language:
English as a Second Language: Yes/No	Refugee: <input type="checkbox"/> Yes <input type="checkbox"/> No
Asylum Seeker: <input type="checkbox"/> Yes <input type="checkbox"/> No	

I confirm the above information is correct: Signed:

Parent/Carer Name (print):

Date:
