



Pentland Infant and Nursery School

Welcome to our school

Child's Information	
Legal Forename: Middle Name:	Legal Surname:
Known Name:	
Birth Certificate Number: Country of Birth:	Ethnicity: Nationality:
Gender: Male/Female	Date of Birth:
Address:	Post code:
Parent's Details: The information provided will be used to check to if your child is eligible for pupil premium	PRIMARY EMAIL ADDRESS:
Mum's Full Name:	Dad's Full Name:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
National Insurance No:	National Insurance No:
Receipt of Benefit:	Receipt of Benefit:
Mobile No: Home No:	Mobile No: Home No:
Work No:	Work No:
Interpreter needed: Yes/No	Interpreter needed: Yes/No
Language spoken at home: Ethnicity:	Language spoken at home: Ethnicity:

Brothers and Sisters		
Sibling 1	Sibling 2	Sibling 3
Forename:	Forename:	Forename:
Surname:	Surname:	Surname:
Gender: M/F	Gender: M/F	Gender: M/F
School Attending:	School Attending:	School Attending:
Date of Birth:	Date of Birth:	Date of Birth:

Pentland Infant & Nursery School



**Emergency Contact Details: We will first try to contact the parents if your child feels unwell in school.
Please provide details of 2 other contacts,
Emergency Contact 1:**

Name:	
Address:	
Home/Work/ Mobile:	
Relationship to child:	

Emergency Contact 2: **Please sign to confirm consent has been obtained from both individuals.**
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Name:	
Address:	
Home/Work /Mobile:	
Relationship to child:	

Medical Information

Name & Address of Medical Practice:
 Doctor's Name:
 Telephone:

Does your child have any medical conditions such as asthma, eczema, any allergies, etc? Yes/No	If so, please provide further information here.
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Does your child have any special dietary requirements such as vegetarian / nut free, etc? Yes/No	We need a certified letter from the doctors if a special meal needs providing.
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Does your child use any of the following on a daily basis? Glasses/Hearing Aid/Asthma Inhaler/ Others
 You will also need to complete a Long Term Medication Form if your child takes medicine on a regular basis.

Special Educational Needs

Does your child have a statement of educational needs? Yes/No
 If yes, please give details

Are any professionals involved with the family, Health Visitor/ Social Worker? Yes/No
 If yes, please give details

Does your child have any disabilities? Yes/No
 If yes. please give details



Please give details of other adults over 16 who can pick up your child

1: Name of person

Relationship:

2: Name of person

Relationship:

3: Name of person

Relationship:

School History

Name of previous school:

Date Started:

Address:

Class Teacher:

School Telephone Number:

Date Left:

Reason for leaving:

Previous Home Address:

Publication of Photographs

We are very proud of our children and the activities they participate in as part of school life. From time to time we are keen to share this news with others in the wider community. This sometimes involves using photographs to illustrate articles for newsletters, the local/national press, the school brochure and the website. We would like you to provide us (Pentland Infant and Nursery School), its agents, and others working under our authority, permission to have free use of any photographs which may possibly contain your child's image.

These photographs may be used for promotional, news and/or educational purpose in publications or on the school website (please remember that websites can be viewed not only in Britain but also throughout the world by anyone who has access to the internet).

I hereby give permission and consent for my child:

To have their photograph taken to be published in publications the school deems suitable eg, newsletter / website / school displays & observational purposes throughout their duration at Pentland Infant and Nursery School

To be taken on local walks, trips and outings

To bring home library books, any damages will be paid for

To have sun cream applied when required

To be cleaned and washed when required

To have emergency first aid treatment

Parent signature Date.....

Pentland Infant and Nursery

Please highlight your child's ethnicity

Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any Other Asian Background

Black or Black British

Caribbean

African

Any Other Black Background

Mixed/Dual Background

White and Black Caribbean

White and Black African

White and Asian

Asian and Black

Other Mixed Background

Other

Any Other Ethnic Group

Refused

Information Not Obtained

White

British

Irish

Traveller of Irish Heritage

Gypsy/Roma

Any Other White Background

Details provided by Parent/Pupil/School

Signatures

The information I have provided to Pentland Infant & Nursery School is to the best of my understanding and it is correct at the time of signing.

I will inform the school of any changes that occur immediately.

Parent/Guardian signature Print Name: Date.....

Admissions Procedures Office use only

Admission form completed and checked by (enter name)	Proof of Address Seen Copy taken	Birth certificate/Passport seen and copy taken
Place Offered	Start Date	Free Flexible Entitlement Form completed
Receiving Class Identified	Privacy Notice given	Child entered on Integris