## BURLINGTON INFANT AND NURSERY SCHOOL

## **ADMISSION FORM**

CHILD'S DETAILS		
Surname		
First Name(s)		
Name to be called at school		
Date of birthMale/Female		
Place of birth		
Nationality		
Address		
Post Code		
Home Telephone Number		
Please underline child's position in family: eldest/middle/ youngest/ only/ other		
Siblings (brothers and sisters) Please give names and dates of birth		
Previous school or preschool		
Language spoken at home		
Other languages spoken		
Doctor's surgery		
Does your child have any special medical needs?		
Does your child have any special education needs?		
Does your child receive any support from professionals such as social workers, family support		
workers or speech therapists?		
Any other relevant information		

PARENT/CARER DETAILS				
	Father	Mother		
Title (Mr, Mrs Ms etc)				
Full Name				
Occupation				
Work telephone number				
Mobile number				
Email address				
Nationality				
Religion				
First language				
Please answer the followin	g questions if parents are divorced of	or separated:		
Who is the legal guardian?				
Should both parents' details be on the child's record?  Should both parents be contacted in an emergency, and in which order?				
Should both parents be contacted in an emergency, and in which order?				
Should both parents receive copies of letters and emails sent out by the school?				
	Any other information			
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Please provide details for two people, other than the cl	hild's parents, who can be contacted in a	n
emergency		

emer	gency				
	<b>Emergency Contact</b>	Relationship to	Home telephone	Mobile Number	
	Full Name	child			
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2					
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	e complete if applicable	_			
Refugee Status					
<b>.</b> ,					
	•		s such as free education wing in the last six years		
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	Income suppor	t			
	Income-based Job Seeker Allowance				
	Income-related Employment and Support Allowance				
	Guarantee Credit Element of State Pension Credit				
	Support under Part VI of the Immigration and Asylum Act 1999				
	Child Tax Cred	lit with the annual inc	come of £16,190 or less		
	Working Tax Credit run-on- paid for 4 weeks after you stop qualifying for Working Tax Credit				
	Universal Credit				

If yes, please provide your National Insurance Number

## Please ✓ as appropriate.

Main Category	Sub/Extended Categories	Please tick the box below
White	English	
	Scottish	
	Welsh	
	Irish	
	Traveller of Irish Heritage	
	Other White British	
	Albanian	
	Kosovan	
	White European	
	Gypsy/Roma	
	White Other	
Mixed/Dual Background	White and Black Caribbean	
	White and Black African	
	White and Asian Background	
	Any Other Mixed Background	
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Other Asian	
Black or Black British	Caribbean	
	African	
	Any other Black Background	
Chinese	Chinese	
Any Other Ethnic Group	Korean	
_	Any other Ethnic Group	

Thank you for your co-operation.