



BURTON MANOR DUCKLINGS ADMISSION FORM

Uplands Road, Stafford, ST17 9PS Tel: 01785 330371

Please read the guidance notes on the reverse of this form before completing

Child's Surname: Legal Surname:

Forename : Middle Name: Male Female

Date of Birth: Birth Cert checked (office use only)

Address: Postcode:

Parent email address:

Mother or Fathers (Please circle which) Date of Birth NI number

Does your child attend another setting? YES/NO if yes, please state

Travel Arrangements (please circle): Cycle/ Car/ Taxi/ Walk/ Other

Lunch arrangements (Please circle): Paid school meal/Free school meal/ Sandwiches/ Home/Other

Priority Contacts	Name/ Relationship	Home Address	Telephone/ email
1			Tel: Email:
2			Tel: Email:
3			Tel: Email:

Medical Notes/ Dietary Requirements.....

Doctor: Tel:

Address:

Ethnicity: Religion (optional):

First Language: Additional Language:

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Education Authority and with the DCSF.

Parent/Guardians Name: Signature:

Date:

Guidance Notes:

Childs' details:

Surname: Please enter the last name by which your child is known.

Legal Surname: Enter the legal surname (last name) of your child. If this has changed since the issuance of a birth certificate, you may be asked to provide evidence of this.

Forename: Enter the legal first name of your child and the middle name if applicable.

Male/Female - Please state if your child is Boy/male or Girl/female.

Address: If the child lives at more than one address, please enter the address where the child lives for the majority of the school week.

Email address: This will be the email address we will use to send updates or messages.

Travel Arrangements: Please circle the method that your child will travel to school

Lunch Arrangements: Please circle what arrangements are in place for your child during lunch time.

Contacts: Please give the details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted and highlight those with parental responsibility. Please ensure to include the area code with any telephone numbers.

Medical Notes: Please include any medical notes, including food allergies, intolerances, food dislikes and any other concerns that you wish the setting to record.

Doctor: Please enter the name and address of your child's registered doctor

Ethnicity, Language and Religion:

Please add ethnicity of your child.

Language - The first language should represent the language which your child was exposed to during early development and continues to be exposed to in the home or in the Community. If your child was exposed to both English and another language during early development, the language other than English should be recorded (irrespective of fluency in English).

Adding religion to your form is optional.

Signature: The full name of the parent/ guardian completing this form, signature and dated before submitting to the setting.