



Lowther Primary School
Stillingfleet Road
Barnes
London
SW13 9AE

FOR SCHOOL USE

Admission Date.....
Admission No.
UPN

Telephone No. 020 8748 3984
Fax No. 020 8846 9334
e-mail: info@lowther.richmond.sch.uk
www.lowther.richmond.sch.uk
Headteacher: Mr Mark Tuffney
Deputy Headteacher: Dermot Bracken

NURSERY ADMISSION FORM

CHILD'S DETAILS

First name Surname

Other Names Boy/Girl

Date of Birth Position in Family 1 2 3 4 5

Home Address

..... Post Code

FAMILY DETAILS

Parent/Guardian 1: Mrs/Ms/Mr

Home Phone No Mobile Phone No

Place of work Work phone No.....

National Insurance No. Email

Parent/Guardian 2 Mrs/Ms/Mr

Address (if different to above)

..... Post Code

Home Phone No Mobile Phone No

Email

Place of work Work Phone No.

National Insurance No. Email

Sibling Date of Birth

Sibling Date of Birth

Sibling Date of Birth

PERSONAL DETAILS

Religion Ethnic Origin

Child's country of birth Child's Nationality

Child's first language at home

Other languages spoken at home

EMERGENCY CONTACT

Parents will always be contacted in the first instance, but in cases of emergency when they cannot be reached, please give an emergency contact number. (This must be someone who is willing and able to collect your child during school hours).

Name: Mr/Mrs/Ms Relationship (if any)

Address:

Telephone No:

Name: Mr/Mrs/Ms Relationship (if any)

Address:

Telephone No:

Please remember to tell us if these contact details change.

PREVIOUS NURSERY/PLAYGROUP

Nursery/Playgroup: Name

Date started

Date left

Childminder/Other: Yes/No

You can prepare your child for starting at Lowther Nursery by occasionally leaving him/her with a friend or relative for short periods to encourage independence. You may also find attending a crèche, playgroup or parent and toddler group useful, so that your child begins to mix with other children and adults.

MEDICAL INFORMATION

The information you provide on this form will remain confidential to the school. It will be used to help us look after your child in the best possible way.

- Do you have any concerns over your child's: eyesight hearing speech physical development (size, co-ordination etc) fits or blackouts other
If so, please give details
- Is your child allergic to: sticking plaster...yes/no penicillin...yes/no specific foods(give details) other
- Does your child suffer from : asthma...yes/no (see below) hay fever...yes/no skin rash...yes/no
- Does your child have any chronic ailments (e.g. diabetes, cystic fibrosis)yes/no If so, please give details
- Has your child been immunised? Against which diseases
- Has your child been seen by a clinic or hospital for particular problems
- Has your child been admitted to hospital as an in-patient?

If your child suffers from asthma, and will need medication at Nursery, you will need to complete an authorisation slip – please ask for one.

FAMILY DOCTOR

Doctor's Name:

Address :

Telephone No. :

It would be beneficial for your child to be fully independent when using the toilet before he/she is admitted to the nursery. If your child has a medical problem relating to this issue, please let us know.

Please sign here to indicate whether or not you give us permission to change your child in the event of a toilet accident. If you are not happy for us to change your child you will receive a call from the office and you will be required to come and change them.

I give permission for my child to be changed by a member of Lowther Primary School's staff.

I do not give permission and would prefer to be called in to change my child myself.

Signed

LOCAL VISITS

During any school year your child may be required to participate in educational activities which take place off school premises e.g. nature walk, study of local environment etc. These activities do not involve your child being transported in vehicles or require any payment. These activities contribute to the normal school curriculum. You will always be informed prior to these outings.

SCHOOL BOOKS

We believe that every child in our school should have access to reading material for whatever purpose. We request that parents/cares be responsible for the replacement cost of any book lost or damaged whilst in the care of your child. When you sign this form your child will be able to take home a reading or textbook during the time they attend this school.

Is there any other information (personal, medical, family) that you feel it would be helpful for the school to know in order to look after your child? If you would prefer not to write it down, but would like to speak to the Headteacher in confidence, simply write 'Yes'

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PHOTOGRAPHS

On occasion, the local paper or other publications may print articles about activities at Lowther School, along with photographs and names of pupils. Please sign to indicate whether or not you give your consent to your child's name/photograph being published in this way or on the school's website.

Yes No Signed

IF THERE ARE ANY CHANGES TO THE DETAILS ON THIS FORM WHILST YOUR CHILD ATTENDS LOWTHER NURSERY PLEASE INFORM US AS SOON AS POSSIBLE.

Although we cannot guarantee it, please indicate your preference for morning or afternoon nursery class.

I would prefer: morning afternoon (please tick).

Signature of Parent/Carer **Date**