



ADMISSION DATE: *(for office use only)*

**BEACONSFIELD PRIMARY SCHOOL
NURSERY ADMISSION FORM**

Date:

Preferred session (please tick one): AM PM

Child's Surname;.....

First Name (s):

Date of Birth: Day Month Year Boy or Girl

Address of the Child

..... **Post Code**

Home Telephone No: **Mobile No:**

Names of brother/s and or sister/s already attending Beaconsfield Primary School

.....

Local Education Authority (to whom you pay your council tax)

Name of the Previous/Present School, Nursery or Playgroup

.....

Address of the Previous/Present School, Nursery or Playgroup

.....



If your child has arrived in the UK within the preceding 12 months, please complete this section, otherwise leave it blank:

Country of Birth

Date of Arrive in UK

First Language

Other Language

Do you wish to state any exceptional medical or social circumstances? Please answer Yes or No. If Yes, please state details of exceptional medical or social circumstances which you wish to be considered.

Yes No

If a Social Worker is involved, please attach a letter from him/her.

Serious medical circumstances cannot normally be considered unless you attach a report or letter from the consultant treating your child. Please also state the name, address and telephone number of your child's General Practitioner (GP). The authority's medical adviser may contact the consultant and/or GP, if necessary. Failure to provide such information at this stage may affect whether or not your child is allocated a place at the school.

.....
.....
.....
.....
.....
.....
.....
.....

(Please continue on a separate sheet if necessary and attach to this form).

Is the child in Public Care (Looked After Child)? Yes No

Is the child the subject of a statement of special education needs? Yes No
(If you are unsure, please check with your child's pre-school placement)