

Child's Ethnic and Cultural Background

Is English your child's first language? YES / NO	Ethnicity
If no, what is your child's first language?	
Does your child speak any other language/s?	
Religion	

Last School Attended

Name.....
 Address.....
 Post Code..... Telephone No.....

Previous Nursery/Pre-school Attended

Name.....
 Address.....
 Post Code..... Telephone No.....

Fruit and Vegetable Scheme - This does not apply to KS2 children

You may have heard about the Government's School Fruit and Vegetable Scheme. Under the scheme, each child aged four to six in LEA-maintained schools will be entitled to receive a free piece of fruit or vegetable each school day. Please indicate below if you are happy for your child to participate in this scheme.

I am happy for my child to participate in the fruit and vegetable scheme. Yes No

Outings The children occasionally may be taken on a short local outing accompanied by staff.	Do you give your consent for your child to be taken on outings? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Completed by: (Name in Block Capitals)
Signature: **Date:**



School Application Form

Child Confidential Personal Record

Starting Date:	
Class:	
UPN Number:	
House:	
Date of Entry to UK:	
Birth Certificate Seen:	

For Office Use Only

Surname:	Forename(s):
Date of Birth: DD.....MM.....YY.....	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Address:
 Telephone Number:
 Mobile Number:

Do you currently have a sibling at The Grove Academy?
 Name..... Class.....

Emergency Contact Information

Should an emergency occur at school, it is sometimes necessary to contact a parent during the day. Please indicate below where each parent may be contacted during school hours.

Father's Full Name	Mother's Full Name (Miss/Mrs/Ms)
Workplace	Workplace
Occupation	Occupation
Daytime Tel (+ ext)	Daytime Tel (+ ext)
e-mail	e-mail
Do you live at the home address with the child YES / NO	Do you live at the home address with the child YES / NO
Do you have parental responsibility for this child? YES / NO (see enclosed sheet)	Do you have parental responsibility for this child? YES / NO (see enclosed sheet)

In accordance with the Children's Act 1989 which came into force on 14th October 1991, schools are now required to keep records of the name and address of all people who have parental responsibility for a child. This information is required to allow us to fulfil our legal obligation of informing all interested parties of relevant school matters. Therefore if someone other than yourself shares parental responsibility under the 1989 Act, please provide their name, address and relationship to your child.

Name..... Relationship to child.....

Address.....

Telephone..... Mobile.....

e-mail.....

If the nature of your occupation makes daytime contact difficult, please give the name, relationship, telephone number and location of two people to act on your behalf who may be reached in the event of an emergency. Please note that emergency numbers are essential. These contacts should live locally as they may be required to collect your child.

Full Name	Relationship	Daytime Telephone	Mobile

Lunch Arrangements - This does not apply to Nursery children.

There will be no charge for school meals from September 2014 for children in Reception and KS1.

School Meal	Own Packed Lunch

Please indicate how your child travels to school most days: (please circle)

Walks	Car/Van	Bus	Bicycle
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Health Record and Special Needs

Doctors Name	Surgery Telephone No	NHS No
Health Visitors Name		
Surgery Address		
Dietary Needs / Allergies		
Medical Conditions / Disabilities / Operations (please specify clearly)		
Injections (tick if received)		
MMR <input type="checkbox"/>	Whooping Cough <input type="checkbox"/>	HIB <input type="checkbox"/>
Date of triple booster <input type="checkbox"/>	Polio <input type="checkbox"/>	Diphtheria <input type="checkbox"/>
	Tetanus <input type="checkbox"/>	
My child has Special Needs—please specify whether your child has problems with Speech & Language / Sight / Hearing / Developmental Delay / Behaviour Issues		
Does your child have a Statement of Special Educational Needs Yes <input type="checkbox"/> No <input type="checkbox"/>		