

MILLBROOK PRIMARY AND NURSERY SCHOOL



Bank Road, off Huddersfield Road,
Stalybridge, Tameside. SK15 3JX
Telephone: 01457 834314

Headteacher Miss E Turner



Application for entry to Millbrook Nursery - Part Time Place (15 Hour)

Child's Legal Full Name: _____ Gender: _____

Preferred Name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Details of those with Parental Responsibility for the child. (Please see reverse of this sheet for guidelines)

Mother's Name: _____ Legal Responsibility (YES/NO) _____

Address:(if different from above) _____ Postcode: _____

Home Tel No: _____ Mobile No: _____ Work No: _____

Place Of Work: _____ E-mail Address: _____

Father's Name: _____ Legal Responsibility (YES /NO) _____

Address:(if different from above) _____ Postcode: _____

Home Tel No: _____ Mobile No: _____ Work No: _____

Place Of Work: _____ E-mail Address: _____

Other Legal Guardian: _____ (Court Order: Yes/No Adoption: Yes/No)

Address: _____ Tel No: _____

Additional Emergency Contact: _____ Relationship: _____ Tel No: _____

Family Doctor: _____ Address: _____ Tel No: _____

Has Your Child Any Serious Illness or Health Problems? (E.g. hearing, sight, asthma, fits or epilepsy, please state) _____

Does Your Child Require Any Medicines? Y/N Please State: _____

Previous Nursery \ Playgroup Attended? _____

Choice of Part-Time education (*please tick*) - Morning (8.45am – 11.45am) _____ Afternoon (12.30 – 3.30pm) _____

Please note we will always try and accommodate your preferred session; however, this is not always possible.

Names of any siblings attending this school: _____

Have you put your Child's name down at another nursery? Yes/No. If yes please state _____

Which school would you prefer your child to attend when leaving nursery? _____

Is a Second Language Spoken in Your Home? YES \ NO. If Yes, Please State Which: _____

Any Other Relevant information: _____

I UNDERSTAND THAT THE OFFER OF A PLACE IN THE NURSERY UNIT OF MILLBROOK PRIMARY SCHOOL DOES NOT GUARANTEE A PLACE IN THE FUTURE IN THE INFANT DEPARTMENT OF THE SCHOOL.

SIGNED: _____ DATE: _____

Please arrange for the Birth Certificate to be checked when returning the form.

Please inform us a.s.a.p if you no longer require a place or the information on the form changes.



Responsibility

Married/Separated/Divorced - Both have responsibility – living apart makes no difference, only adoption removes responsibility.

Unmarried - Only mother has – unless there is a parental responsibility agreement, or father has obtained a responsibility order from a court.

All other adults - Step parents do not have responsibility – unless they have adopted or become legal guardians.

Ethnicity

We are required to collect ethnic information on all children in our school and therefore would be grateful if you could select a category from the list below to indicate the ethnic background of the pupil concerned.

The information you provide will not be used to identify your child as an individual. Statistics on ethnic background are provided to the Council and the Government. This is so that all children can be given the opportunity to fulfil their educational potential.

The information will be passed on to any other school to which your child transfers, so you will not need to be asked again. You can check it at any time and have the details altered or removed.

Country of Birth:(please complete) _____ **Nationality: (please complete)** _____

WHITE

English ☐ Irish ☐ Scottish ☐ Welsh ☐ Gypsy/Roma ☐ Eastern European ☐
Any other White background ☐

MIXED

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐
White and Chinese ☐ White and Indian ☐ White and Pakistani ☐
Any other mixed background ☐

ASIAN OR ASIAN BRITISH

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any Other Asian background ☐

BLACK OR BLACK BRITISH

Caribbean ☐ African ☐ Any Other Black background ☐
Any other ethnic background ☐

I do not wish an ethnic background category to be recorded ☐

RELIGION - Please indicate a religion if it is relevant e.g. Christian, Catholic, Hindu, Jewish, Muslim, Sikh, Other, No Religion

(For Staff to Complete)

Birth Certificate Seen (Staff Initial & Date)	Parental Responsibility Verified	Admission Date	Session Required (AM/PM/30 Hr)
	Mother <input type="checkbox"/> Father <input type="checkbox"/>		