



SPRING MEADOW INFANT AND NURSERY SCHOOL

High Barns, Ely, Cambridgeshire CB7 4RB Tel: 01353 664742

www.springmeadow.cambs.sch.uk

office@springmeadow.cambs.sch.uk



2025 ADMISSION FORM FOR NURSERY

Please complete all four sides, then sign on the last page and submit to the School Office with a full birth certificate

The General Data Protection Regulation (2018) protects this strictly confidential information, stored on the school's student records database. The information on ethnic origin and first language is needed by the school and by Cambridgeshire County Council (the Children's Services Authority). This is to ensure that resources are made available when required and that the Education Service offers real equality of opportunity for all pupils. The sections marked * are non-compulsory. If supplied, this information will be shared with Cambridgeshire County Council and other relevant bodies administering public funds.

By signing this form, I/we give permission for the data to be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

For further information on the handling of personal data, please see a copy of the Privacy Notice at http://www.cambridgeshire.gov.uk/info/20044/data_protection_and_foi/148/information_and_data_sharing/5

Child's Legal Surname(as it appears on child's full birth certificate)

Child's Legal Forename(as it appears on child's full birth certificate)

Child's Middle name(s) Known as

Gender.....Male / Female Date of Birth

Home Address

..... Postcode

In Local Authority Care Yes/No If Yes, Name of Care Authority

Name of previous pre-school/nursery and name of keyworker (and how many hours at the setting):

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SERVICE CHILDREN IN SCHOOL

Schools are now required to indicate whether a child has a parent(s)/guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education' by ticking one of the boxes below.

No		Yes		I do not wish a service children indicator to be recorded	
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CONTACT INFORMATION

Please provide your details (Priority 1) and add 2 other parent/guardian/other contacts below.
Place them in the order you wish them to be contacted in an emergency (you will be Priority 1)

PRIORITY 1 CONTACT – PARENT / GUARDIAN

Title.....SurnameForename.....

Relationship to child Parental responsibility.....YES / NO

*Date of Birth..... *NI Number

Home address
.....Postcode.....

Home phone numberHome email.....continued over:

Mobile telephone number/s

Work address.....

Work phone number Extn..... Work email.....

PRIORITY 2 CONTACT

Title.....SurnameForename.....

Relationship to child Parental responsibility.....YES / NO

*Date of Birth..... *NI Number

Home address
.....Postcode.....

Home telephone numberHome email.....

Mobile telephone number/s

Work address.....

Work phone number..... Extn..... Work email.....

PRIORITY 3 CONTACT: Please ensure you have the prior permission of any additional contacts

Title.....SurnameForename.....

Relationship to child Parental responsibility.....YES / NO

Home address
.....Postcode.....

Home telephone numberHome email.....

Mobile telephone number/s

Work address.....

Work phone number Extn Work email.....

SEPARATED PARENT INFORMATION – For a parent not living with the child

Please specify contact priority (if any): Contact priority: 2 3 4 5 0 (please circle) Under the 1989

Children's Act all parents have the right to receive information about their child's progress.

Title.....SurnameForename.....

Relationship to child Parental responsibility.....YES / NO

*Date of Birth..... *NI Number

Court Case Yes/No Address can be Disclosed Yes/No

Home address

.....Postcode.....

continued over:

SEPARATED PARENT INFORMATION continued:

Home telephone numberHome email.....

Work address.....Work email.....

Work telephone number Mobile telephone number

MEDICAL DETAILS – A PUPIL MEDICAL PROFILE MUST ALSO BE COMPLETED

Doctor's name, surgery and phone number:

Please state any **medical conditions** of which you wish the school to be made aware (e.g. asthma/eczema/epilepsy)

Please include any specific **allergies, including dietary**:

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PROOF OF ALL MEDICAL CONDITIONS IS REQUIRED (for example, a letter from your child's Doctor/Clinic)
PLEASE KEEP US INFORMED OF ANY CHANGES TO MEDICAL OR DIETARY CONDITIONS

Does your child have any Special Needs Provision? YES/ NO

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Do they have an Education, Health & Care Plan (EHCP)? YES/ NO

PERSONAL INFORMATION

To help us and the Local Authority in monitoring equal opportunities you are asked to complete the following:

1. Country of child's birth Nationality
2. Family's Ethnic Origin (our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.)

White - British	
White – Irish	
White - Traveller of Irish Heritage	
White - Gypsy/Roma	
White - Any other White background	
Mixed - White and Black Caribbean	
Mixed - White and Black African	
Mixed - White and Asian	
Mixed - Any other mixed background	
Asian or Asian British -Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	

Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil....)	
Black or Black British -Caribbean	
Black or Black British -African	
Any other Black background	
Chinese	
Any other ethnic group – please circle one. (This includes Afghan, Arab, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian, Moroccan, Polynesian, Thai, Vietnamese, Yemeni...)	
I do not wish an ethnic background to be recorded	

3. Date of arrival in UK (if relevant)..... 4. First language
5. Other language(s)..... 6. Religion (optional)
7. If there are any religious or cultural practices of which the school should be aware, please specify:

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8. Please give the name, gender and date of birth of any other children in your family:

Name Date of BirthMale / Female

Name Date of BirthMale / Female

Name Date of Birth Male / Female **continued over:**

9.

TRAVEL ARRANGEMENTS

Linked to the Government's Travel to School Initiative, we are currently refining a School Travel Plan, which details how our children travel to and from school. We would be grateful if you could tell us what mode of transport your child normally uses. Where he/she uses more than one mode of travel for each journey to school, you should tell us the most frequently used and/or the longest element of the journey by distance.

School Bus		Public Transport Bus		Bicycle		Walking		Taxi	
Car/Van		Car Share		Other					

Any additional information for the school:

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(continue overleaf if needed)

**Please sign and date this Admission Form and return to the School Office with
a copy of your child's full Birth Certificate:**

I certify that, to the best of my knowledge, the information on this Admission Form is correct.

Signature:..... Parent/Guardian