

**Application Form**  
**Little Tommy's Nursery**  
**St Thomas More Catholic Primary School**  
Oxford Road  
Kidlington  
OX5 1EA



Principal: Mrs B Bowles

**If You have any questions concerning the completion of this form, please contact the Headteacher or the school secretary.**

Please complete each side of this form for your child. The information will be used for administrative purposes within this school. It will be sent on to your child's next school or other educational institution and also to the Local Authority (LA) and School Health Nurse Service to enable them to maintain their records. The provision of accurate information helps this school and the LA to see that your child and other children get the best from their schooling. It is important that you tell us if there are any changes to the information you give and, from time to time, we may ask you to confirm that it is correct. The school is entitled to collect this information under the provisions of the Data Protection Act 1998.

**Please be aware that completion of this form does not guarantee a place for your child if this has not been notified in writing by Oxfordshire County Council.**

**SECTION 1: PUPIL'S DETAILS:**

Legal Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Preferred Surname: \_\_\_\_\_

Gender: Male / Female

Date of Birth \_\_ / \_\_ / \_\_\_\_

Middle Name: \_\_\_\_\_ Chosen Name: \_\_\_\_\_

**Pupil Address Details:**

Postcode: \_\_\_\_\_ House Number/Name: \_\_\_\_\_

Street: \_\_\_\_\_ Town/City: \_\_\_\_\_

County: \_\_\_\_\_

Is this the pupil's home address  or term time only address  (tick one box only)





T: 01865 373674  
F: 01865 849821  
E: stthomasmore@dbmac.org.uk

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**Additional Pupil Address**

Postcode: \_\_\_\_\_ House Number/Name: \_\_\_\_\_

Street: \_\_\_\_\_ Town/City: \_\_\_\_\_

County: \_\_\_\_\_

If your child has siblings already at our school please provide their name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Version 2.0 06/06



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### SECTION 2: CONTACT DETAILS:

*To fulfil the provisions of the Education (Pupil Registration) Regulations the school is required to keep an admissions register that includes the name and address of every person considered, in law, to be the parent of a pupil. Please note that this includes: mother; married father- even if separated or divorced from the mother; unmarried father- provided parental responsibility is obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child.*

***If any parents do not live with the pupil but require copies of school correspondence e.g. newsletters, pupil report, please notify the school.***

**Contact 1** Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Gender: Male / Female

Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: \_\_\_\_\_

Postcode: \_\_\_\_\_ House Number/Name: \_\_\_\_\_

Street: \_\_\_\_\_ Town/City: \_\_\_\_\_

County: \_\_\_\_\_

Relationship to Pupil: e.g. Mother, Father etc \_\_\_\_\_

Does this contact have Parental Responsibility? Yes/No

If Yes, please provide

Date of Birth \_\_ / \_\_ / \_\_\_\_ National Insurance number \_\_\_\_\_

1. Daytime Telephone Number: \_\_\_\_\_ is this a home  work  mobile number

2. Alternative telephone number: \_\_\_\_\_ is this a home  work  mobile number

3. Alternative telephone number: \_\_\_\_\_ is this a home  work  mobile number

Please add any details that will help us contact you e.g. the name of your work place, extension number:

\_\_\_\_\_





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E-mail address: \_\_\_\_\_ home / work (*delete one*)

First Language: \_\_\_\_\_ Is a Translator Required? Yes/No

**Contact 2** Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Gender: Male / Female

Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: \_\_\_\_\_

Postcode: \_\_\_\_\_ House Number/Name: \_\_\_\_\_

Street: \_\_\_\_\_ Town/City: \_\_\_\_\_

County: \_\_\_\_\_

Relationship to Pupil: e.g. Mother, Father etc \_\_\_\_\_

Does this contact have Parental Responsibility? Yes/No

If Yes, please provide

Date of Birth \_\_ / \_\_ / \_\_\_\_ National Insurance number \_\_\_\_\_

**Contact 2 (continued)**



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1. Daytime Telephone Number: \_\_\_\_\_ is this a home  work  mobile number

2. Alternative telephone number: \_\_\_\_\_ is this a home  work  mobile number

3. Alternative telephone number: \_\_\_\_\_ is this a home  work  mobile number

Please add any details that will help us contact you e.g. the name of your work place, extension number:

\_\_\_\_\_

E-mail address: \_\_\_\_\_ home / work (*delete one*)

First Language: \_\_\_\_\_ Is a Translator Required? Yes/No

**Contact 3** Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Gender: Male / Female

Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: \_\_\_\_\_

Postcode: \_\_\_\_\_ House Number/Name: \_\_\_\_\_

Street: \_\_\_\_\_ Town/City: \_\_\_\_\_

County: \_\_\_\_\_



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Relationship to Pupil: e.g. Mother, Father etc \_\_\_\_\_

Does this contact have Parental Responsibility? Yes/No

If Yes, please provide

Date of Birth \_\_/\_\_/\_\_\_\_ National Insurance number \_\_\_\_\_

1. Daytime Telephone Number: \_\_\_\_\_ is this a home  work  mobile number

2. Alternative telephone number: \_\_\_\_\_ is this a home  work  mobile number

3. Alternative telephone number: \_\_\_\_\_ is this a home  work  mobile number

Please add any details that will help us contact you e.g. the name of your work place, extension number:

\_\_\_\_\_

E-mail address: \_\_\_\_\_ home / work (*delete one*)

First Language: \_\_\_\_\_ Is a Translator Required? Yes/No



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**SECTION 3: MEDICAL INFORMATION**

*Knowledge about children's health is vital if we are to help them reach their potential educationally. Would you please, therefore, supply the following information about your child. This information will be available to relevant officers at the LA, school staff and to the School Health Nurse Service and any other National Health Service professionals, as required.*

Practice name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address of practice: \_\_\_\_\_

Post Code: \_\_\_\_\_

**In the event of an emergency do we have your consent to contact your child's medical practice directly?**  
Yes / No

Has your child had his/ her pre-school booster? Yes  Don't know

Do you give consent to your child's vision being screened by the School Health Nursing Service? Yes  No

Does your child suffer from: Does your child have any problems with:

- |                              |                          |               |                          |
|------------------------------|--------------------------|---------------|--------------------------|
| Asthma                       | <input type="checkbox"/> | Mobility      | <input type="checkbox"/> |
| Epilepsy                     | <input type="checkbox"/> | Behaviour     | <input type="checkbox"/> |
| Diabetes                     | <input type="checkbox"/> | Hearing       | <input type="checkbox"/> |
| Bowel or bladder conditions  | <input type="checkbox"/> | Speech        | <input type="checkbox"/> |
| Serious allergies            | <input type="checkbox"/> | Vision        | <input type="checkbox"/> |
| Any other medical conditions | <input type="checkbox"/> | Wears glasses | <input type="checkbox"/> |

If you have ticked any of the boxes, please give details:

Does your child need regular medication on prescription? Yes  No

Will your child need medication during school hours? Yes  No

***If you have answered 'Yes' please contact the school to make an appointment to discuss your child's needs with school staff.***

Does your child suffer from any condition which may affect his/ her participation in PE/ sport/ swimming? Yes  No

If you have answered 'YES' to any of the above please give details:

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Would you like an opportunity to discuss your child's health with the school?  
 -the School Health Nurse?

Yes   
 Yes

No   
 No





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**SECTION 4: ETHNIC MONITORING:**

*Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the effectiveness of the school's equal opportunities policies and practices in maximising your child's progress and achievement.*

*White British should include any pupils from England, Scotland, Wales and Northern Ireland. White Irish should include any pupils from the republic of Ireland.*

- |                                     |                          |  |                          |
|-------------------------------------|--------------------------|--|--------------------------|
| White British                       | <input type="checkbox"/> | Asian or Asian British - Indian                      | <input type="checkbox"/> |
| White Irish                         | <input type="checkbox"/> | Asian or Asian British - any other Asian background* | <input type="checkbox"/> |
| White Traveller of Irish heritage   | <input type="checkbox"/> | Asian or Asian-British- Pakistani                    | <input type="checkbox"/> |
| Any other white background*         | <input type="checkbox"/> | Black or Black-British - African                     | <input type="checkbox"/> |
| White Gypsy/ Roma                   | <input type="checkbox"/> | Black or Black-British - Caribbean                   | <input type="checkbox"/> |
| Mixed – any other mixed background* | <input type="checkbox"/> | Black or Black-British - any other black background* | <input type="checkbox"/> |
| Mixed - White and Asian             | <input type="checkbox"/> | Chinese  | <input type="checkbox"/> |
| Mixed - White and Black African     | <input type="checkbox"/> | Any other ethnic group*                              | <input type="checkbox"/> |
| Mixed – White and Black Caribbean   | <input type="checkbox"/> | Prefer not to answer                                 | <input type="checkbox"/> |
| Asian or Asian British -Bangladeshi | <input type="checkbox"/> | *(please specify)_____                               |                          |

Country of birth----- Nationality-----

*Please write down the first language your child used or uses. If your child used more than one language, a language other than English should be recorded.*

Language: \_\_\_\_\_

*Please tick your child's religion, if you wish. Please tick one box only.*

- |                 |                          |             |                          |
|-----------------|--------------------------|-------------|--------------------------|
| Roman Catholic  | <input type="checkbox"/> | Jewish      | <input type="checkbox"/> |
| Other Christian | <input type="checkbox"/> | Buddhist    | <input type="checkbox"/> |
| Muslim          | <input type="checkbox"/> | Other       | <input type="checkbox"/> |
| Hindu           | <input type="checkbox"/> | No religion | <input type="checkbox"/> |
| Sikh            | <input type="checkbox"/> |             |                          |



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### SECTION 5: ADDITIONAL INFORMATION:

Please indicate which type of meal your child will usually be taking at school:

Free school meal       Sandwiches       Home   
Paid school meal       Other

How will your child travel to school generally? Please tick **one** box only.

Walks       Car       School coach       Taxi   
Bicycle       Bus       Train       Other \_\_\_\_\_

Is this child in care? Yes / No    If yes please give details:

Start of placement: \_\_ / \_\_ / \_\_\_\_\_

Care Authority: \_\_\_\_\_

*By law, children in families claiming Income Support or Income Based Jobseeker's Allowance are entitled to free school meals (provided evidence of these benefits has been made available to the school). Even if your child will not be taking free school meals it is important that we have this information since it affects our funding and the way in which the school's performance in tests and examinations is compared with that in other schools. We will ask this question again from time to time to ensure that our records are accurate, and on occasion may need to see relevant proof.*

Please indicate if you are receiving Income Support/ Job Seekers' Allowance



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**SECTION 6: SCHOOL HISTORY:**

*Please give details of all previous settings attended by your child- if any.*

*Continue on a separate page if there is insufficient space.*

**School 1:** Name of school or pre-school setting: \_\_\_\_\_

Address of school or pre-school setting: \_\_\_\_\_

Post Code: \_\_\_\_\_

Date of arrival at this school: \_\_/\_\_/\_\_\_\_ Date of leaving this school \_\_/\_\_/\_\_\_\_

Reason for leaving this school: \_\_\_\_\_

\_\_\_\_\_

**School 2:** Name of school or pre-school setting: \_\_\_\_\_

Address of school or pre-school setting: \_\_\_\_\_

Post Code: \_\_\_\_\_

Date of arrival at this school: \_\_/\_\_/\_\_\_\_ Date of leaving this school \_\_/\_\_/\_\_\_\_

Reason for leaving this school: \_\_\_\_\_

\_\_\_\_\_





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Address of school or pre-school setting: \_\_\_\_\_

Post Code: \_\_\_\_\_

Date of arrival at this school: \_\_/\_\_/\_\_\_\_ Date of leaving this school \_\_/\_\_/\_\_\_\_

Reason for leaving this school: \_\_\_\_\_

\_\_\_\_\_

### SECTION 7: YOUR SIGNATURE:

Please sign and date this form below:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (in block capitals please) \_\_\_\_\_

Relationship to child \_\_\_\_\_

=====





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***For school use only***

**UPN:** \_\_\_\_\_ **Admission date:** \_\_/\_\_/\_\_\_\_

**Birth Certificate seen**  **School Health Nurse signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address verified**  **(e.g. council tax bill, proof of exchange of contract)**

