



70. ADMISSION FORM

Proof of DOB seen by..... Date of Registration:

Name and age of child under five for whom admission is desired:

Surname	First name	Gender	Date of birth

Days/Sessions per week					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM (From – To)					
PM (From – To)					

When would you like your child to start?

Name of applicants in full (parent or guardian)	Home address	Tel no./mobile no./ email address
	Post code:	Number(s): Email:
	Post code:	Number(s): Email:

ADDITIONAL REQUIREMENTS: If your child has a disability, speech delay, allergies or dietary requirements or any other special needs, please provide details below:

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Is the family known to Social Care: Yes.....No.....

If yes name of Social Worker:.....

ETHNIC AND RELIGIOUS MONITORING

The following questions help us to identify your child's personal needs. Monitoring information is also used anonymously by the Learning Trust to provide feedback and national Census data to inform and assist decisions for future funding initiatives.

Please state your child's first language

Please choose from the following when completing your Nursery/Playgroup's form.

Main category	Code	Extended category		Code	Extended category	
White	WENG	English	<input type="checkbox"/>	WGRE	Greek/Greek Cypriot	<input type="checkbox"/>
	WSCO	Scottish	<input type="checkbox"/>	WTUK	Turkish	<input type="checkbox"/>
	WWEL	Welsh	<input type="checkbox"/>	WTUC	Turkish Cypriot	<input type="checkbox"/>
	WCOR	Cornish	<input type="checkbox"/>	WEEU	White Eastern European	<input type="checkbox"/>
	WOWB	Any Other White British	<input type="checkbox"/>	WWEU	White Western European	<input type="checkbox"/>
	WIRI	Irish	<input type="checkbox"/>	WOTW	White Other	<input type="checkbox"/>
	WIRT	Traveller of Irish Heritage	<input type="checkbox"/>	WROM	Gypsy/Roma	<input type="checkbox"/>
	WALB	Albanian	<input type="checkbox"/>			<input type="checkbox"/>
Mixed	MWBC	White and Black Caribbean	<input type="checkbox"/>	MWAS	White and Asian	<input type="checkbox"/>
	MWBA	White and Black African	<input type="checkbox"/>	MOTH	Any Other Mixed Background	<input type="checkbox"/>
Asian or Asian British	AIND	Indian	<input type="checkbox"/>	ABAN	Bangladeshi	<input type="checkbox"/>
	APKN	Pakistani	<input type="checkbox"/>	AOTH	Any Other Asian Background	<input type="checkbox"/>
Black or Black British	BCRB	Caribbean	<input type="checkbox"/>	BSLN	Sierra Leonian	<input type="checkbox"/>
	BANN	Angolan	<input type="checkbox"/>	BSOM	Somali	<input type="checkbox"/>
	BCON	Congolese	<input type="checkbox"/>	BSUD	Sudanese	<input type="checkbox"/>
	BGHA	Ghanaian	<input type="checkbox"/>	BAOF	Other Black African	<input type="checkbox"/>
	BNGN	Nigerian	<input type="checkbox"/>	BOTH	Any Other Black Background	<input type="checkbox"/>
Chinese	CHNE	Chinese	<input type="checkbox"/>			<input type="checkbox"/>
Any other ethnic group	OAFG	Afghan	<input type="checkbox"/>	OVIE	Vietnamese	<input type="checkbox"/>
	OKRD	Kurdish	<input type="checkbox"/>	OIEG	Any Other Ethnic Group	<input type="checkbox"/>
	OLAM	Latin/South/Central American	<input type="checkbox"/>			<input type="checkbox"/>

Religion			
Buddhist	<input type="checkbox"/>	Orthodox Jewish	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Other	<input type="checkbox"/>
No Religion	<input type="checkbox"/>	<input type="checkbox"/>

Are you or your partner working more than 16 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or your partner in Education? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a lone parent household? <input type="checkbox"/> Yes <input type="checkbox"/> No
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