



Nursery Application

Date of application:

Please state which session you prefer: AM PM 30 HOURS

30 HOUR CODE (IF APPLICABLE) :

Pupil Registration Form - Data collection for all year groups 2025-2026

[CONFIDENTIAL]

All schools are required by law to keep on record details of children admitted; we should therefore be grateful if you would complete this form in **BLOCK CAPITALS**. Please return to the school office along with the required documents: original birth certificate & parent / carers proof of address.

| PUPIL DETAILS | |
|-----------------|---|
| Legal Forename: | Legal Surname: |
| Date of Birth: | Year of Entry: |
| Address: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Please tick if: <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee |
| Postcode: | |

| ETHNICITY / CULTURAL INFORMATION | |
|---|--|
| White <input type="checkbox"/> English, Welsh, Scottish, Northern Irish or British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background | Mixed or Multiple Ethnic Groups <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Pakistani <input type="checkbox"/> Eastern European <input type="checkbox"/> Western European <input type="checkbox"/> Any other mixed or multiple ethnic background |
| Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black Somali <input type="checkbox"/> Kashmiri Pakistani <input type="checkbox"/> Any other Asian background | Other <input type="checkbox"/> Afghan <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group |
| Black, African, Caribbean or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black, African or Caribbean background | <input type="checkbox"/> I do not wish for an ethnic background category to be recorded |

| RELIGION | |
|--|--|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Mormon |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Plymouth Brethren |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Quaker |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Church of England | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> United Reformed |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Other |
| <input type="checkbox"/> Methodist | |

| PARENT / GUARDIAN DETAILS | |
|------------------------------------|---|
| FIRST PRIORITY CONTACT | |
| Legal Forename: | Legal Surname: |
| Mobile Number: | Date of Birth: |
| Work: | National Insurance Number: |
| Address (if different from pupil): | Email Address: |
| | Relationship to child: |
| | Responsibility of child? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SECOND PRIORITY CONTACT | |
| Legal Forename: | Legal Surname: |
| Mobile Number: | Date of Birth: |
| Work: | National Insurance Number: |
| Address (if different from pupil): | Email Address: |
| | Relationship to child: |
| | Responsibility of child? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|--|
| Are any of the pupil's parents/step-parents currently working in the services (Army, Navy or Air Force)? |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

It may be necessary to contact someone during the school day e.g. in the case of a child's sickness. Please list below details of any person we may contact *should we be unable to contact parent / guardians*. Details should be listed in the order of contact preference (Please do not list parent / guardian details again).

| No | Name | Relationship to child | Contact details (Address / Phone number) |
|----|------|-----------------------|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |

FIRST LANGUAGE – this will be the language to which your child was first exposed to in their early childhood and which they continue to use or be exposed to at home or in your community

- Arabic
- Bengali
- Chinese Cantonese
- Chinese Mandarin
- Dutch
- English
- French
- German
- Greek
- Gujarati

- I do not wish a first language to be recorded

- Hindi
- Italian
- Japanese
- Panjabi (Gurmukhi)
- Panjabi (Mirpuri)
- Pashto
- Polish
- Portuguese
- Shona
- Spanish

- Other (Please specify)
.....

- Swahili
- Tagalog / Filipino
- Tamil
- Thai
- Turkish
- Urdu
- Vietnamese

Please indicate your child’s proficiency in speaking and understanding English:

- None at all
- Basic
- Developing competence
- Fluent

DIETARY NEEDS

FOOD ALLERGY – Please select from the below any diagnosed allergies your child has (that may require medical treatment)

- No Celery / Celeriac
- No Crustaceans
- No Dairy
- No Eggs
- No Fish
- No Gluten
- No Lupin
- No Milk
- No Molluscs
- No Mustard
- No Peanuts
- No Sesame Seeds
- No Soya
- No Sulphur Dioxide
- No Tree Nuts
- Other (please specify)
.....

Please select if your child has any of the following lifestyle choices:

- Halal
- Vegetarian
- No Pork
- Non Halal
- No Beef
- Other (please specify)
.....

DOES YOUR CHILD HAVE ANY ADDITIONAL SPECIAL NEEDS?

- YES
- NO

ADDITIONAL INFORMATION (INCLUDING SPECIAL EDUCATIONAL NEEDS / SPEECH)

If there is any further information you would like to share with us about your child, please use the space below:

| MEDICAL INFORMATION | |
|---|---|
| Doctors Name: | |
| Address: | Postcode: |
| | Telephone No: |
| NHS Number (if known): | |
| Date of last Tetanus Injection: OR have you had one in the last 5 years? | Has your child been immunized? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please give details of any medical conditions / disabilities, e.g. diabetes, epilepsy or allergies to (e.g.) medication, plasters, etc.: | |
| Please give details of any treatment, including medication: | |
| Does your child require medication at school? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Any other relevant medical information? | |
| I give permission for my child to receive medical treatment in an emergency: <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| ADDITIONAL INFORMATION | | | | | | | | |
|---|------------------------------------|------------------------------------|--|-------------------------------|-------------------------------|--------------------------------|--|--|
| Please provide information regarding travel to/from school for the Slough Borough Council Travel Plan: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Public</td> <td><input type="checkbox"/> Car share</td> </tr> <tr> <td><input type="checkbox"/> Own car / van</td> <td><input type="checkbox"/> Taxi</td> </tr> <tr> <td><input type="checkbox"/> Walk</td> <td><input type="checkbox"/> Cycle</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (please specify).....</td> </tr> </table> | <input type="checkbox"/> Public | <input type="checkbox"/> Car share | <input type="checkbox"/> Own car / van | <input type="checkbox"/> Taxi | <input type="checkbox"/> Walk | <input type="checkbox"/> Cycle | <input type="checkbox"/> Other (please specify)..... | |
| <input type="checkbox"/> Public | <input type="checkbox"/> Car share | | | | | | | |
| <input type="checkbox"/> Own car / van | <input type="checkbox"/> Taxi | | | | | | | |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Cycle | | | | | | | |
| <input type="checkbox"/> Other (please specify)..... | | | | | | | | |

| SIBLINGS |
|---|
| It would be very helpful to have available the names and dates of birth of any older or younger siblings who are currently attending, have attended this school, or are likely to join this school at a later date: |
| |
| |
| |

PREVIOUS NURSERY SETTING (IF APPLICABLE)

Please provide information below if your child has attended a nursery previously

| | | | |
|------------------|------------|------------------|------------|
| Name of setting: | | Name of setting: | |
| Address: | | Address: | |
| Postcode: | | Postcode: | |
| Telephone No: | | Telephone No: | |
| Email: | | Email: | |
| Date started: | Date left: | Date started: | Date left: |

PERSONAL CARE INFORMATION / CONSENT FORM

Some children will start our Nursery still wearing a nappy and others will start not yet confident in using the toilet independently and so may need encouragement and support.

- I give consent for my child to be assisted with toileting procedures and / or nappy changing by staff at Western House Academy (Intimate Care Agreement included in welcome pack).
- I understand that a member of staff will be present when my child is assisted and that I will be informed of any assistance.
- I will provide nappies, wipes and a spare change of clothes (including underwear & footwear) in a labelled bag. The school has a changing mat, clinical waste bags, gloves, aprons and hand washing facilities.
- The school has very limited spare clothes. If your child is provided spare clothes by the school, I will return clothes washed and dried as soon as possible.
- The School will ensure that my child is treated with respect and dignity when being assisted.

INTERNET PARENT PERMISSION

As part of the school's computing programme we offer supervised access to the internet. Pupils benefit from access to the internet in the form of information resources and opportunities for collaboration. Pupil's access to the internet is always supervised. We can use an Internet Service Provider that filters out all undesirable web pages.

I grant permission for my child to use electronic mail and the internet:

- Yes
- No

PARENTAL DECLARATION

DATA PROTECTION STATEMENT:

All data is processed in line with GDPR regulations. For further information on how your data is used, please see our privacy notice on our website www.theparkfederation.co.uk

- *I certify to the best of my knowledge, the information given is correct.*
- *I understand that any false or deliberately misleading information given on this form and/or supporting information may render this admission to Western House Academy invalid, or lead to the place being withdrawn at a later date.*
- *I agree to notify the school of any change in my child's circumstances.*

If there are any further circumstances which you feel are relevant to your child's education and which you feel the school would benefit from a fuller explanation, please give details here or contact the school office on 01753 526326 to arrange an appointment with a member of the Western House Academy Team.

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

I declare the above information to be correct to the best of my knowledge at the time of completion. I agree to notify the school of any change in my child's circumstances.

Signed:..... Date:.....

PLEASE NOTE HOLIDAYS ARE NOT TO BE TAKEN DURING TERM TIME.

THANK YOU

FOR OFFICE USE ONLY: BIRTH CERTIFICATE SEEN – YES / NO PROOF OF ADDRESS – YES / NO

DATE OF ADMISSION: REGISTRATION GROUP:

Appendix H

**Short Consent Form
 Funded Early Education**

| | |
|-----------------------------------|--|
| Child's first name | |
| Child's last name | |
| Child's DOB | |
| Parents National Insurance number | |
| 11 digit unique code | |

I confirm that I am the legal parent/carer for the child named above and that the information on this form is correct. I agree that you may use the information I have provided to process my claim for a free early education place and to contact other sources, as allowed by law, to verify my initial and ongoing entitlement. I agree that the information may be used to assess further benefits for my child and my child's school (or other setting), ensure accuracy of records across the local authority and the check against fraud. I agree that my chosen early years provider may share information about my child's progress as part of ongoing research to support the development of services for young children in Slough.

Under the Data Protection Act 2018, we are required to gain your permission to keep personal details for you and your children on our database. Slough Borough Council and its agents may share this information with government and local authority departments and other authorised organisations for administrative, statistical and research purposes. For further information please visit: [Slough Data Protection](#)

Completing this form and signing it gives us your informed consent. If you are unable to access the provided links or wish to submit a query in relation to fair processing, please contact the data protection officer at DataProtectionOfficer@slough.gov.uk

I have read and understood the statements above and would like to apply for a free early education place for my child.

| | |
|--------------------|--|
| Parent's signature | |
| Print name | |
| Date | |