

Expression of Interest Form



Mrs. Bland's Infant and Nursery School

Jordan's Lane Burghfield Common Reading RG7 3LP

Telephone : 0118 983 2332 Fax : 0118 983 5867

Headteacher : Mrs Catherine Nisbet Email: office@mrsblands.w-berks.sch.uk

Website: www.mrsblandsinfants.co.uk

I would be grateful if you could complete the following details regarding your child and return the form to school. The information is required under the 1986 Education Act and will be treated in the strictest confidence.

PLEASE USE BLOCK CAPITALS AND COMPLETE ALL SECTIONS OF THE FORM – THANK YOU.

CHILD'S SURNAME.....

FORENAMES.....

CHOSEN NAME..... DATE OF BIRTH:.....
(dd/mm/yyyy)

GENDER Male Female **BIRTH CERTIFICATE SEEN** YES NO

ADDRESS.....

.....

.....POST CODE.....

HOME TEL. NO.....

PARENTS PARTICULARS.

Legal guardians please complete as appropriate

<u>Mother</u>	<u>Father</u>
Title.....Forename.....	Title.....Forename.....
Surname.....	Surname.....
Address.....	Address.....
.....
.....Postcode.....Postcode.....
Telephone:	Telephone:
Home.....	Home.....
Work.....	Work.....
Mobile.....	Mobile.....
Email:.....	Email:.....
Occupation.....	Occupation.....

PARENTS PARTICULARS – CONTINUED

Natural Mother: YES NO

Parental Responsibility YES NO

(If NO, please supply details in confidence.)

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.....

Natural Father: YES NO

Parental Responsibility YES NO

(If NO, please supply details in confidence.)

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If separated from natural parent is contact permitted? YES NO

Is there a Court Order Pending or in place? YES NO

Other Children in family

Names and Date of Birth of Siblings: 1. D.O.B.

2. D.O.B.

3. D.O.B.

PREVIOUS SCHOOL/PLAYGROUP/NURSERY INFORMATION.

School/Playgroup/Nursery Name

Previous School Address

Telephone No:.....No. of terms attended.....

Emergency Contact Details

In addition to Parental Details

(1) Title.....Forename.....

Surname.....

Address.....

.....

.....Postcode.....

Telephone:

Home.....

Work.....

Mobile.....

Email:.....

Relationship to child

(2)Title.....Forename.....

Surname.....

Address.....

.....

.....Postcode.....

Telephone:

Home.....

Work.....

Mobile.....

Email:.....

Relationship to child

MEDICAL INFORMATION.

Please mention any medical condition or medical needs that might affect your child's life in school.

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.....
.....

Name of Doctor:..... Tel No:.....

Surgery Address:.....

Has your child ever been a hospital inpatient, if so, please give details:

.....

Any other personal information we should be aware of:.....

.....

Special Educational Needs.

Does your child have a statement of Special Educational Needs:

- NO YES - If so, please indicate hours of support:.....

Meal Arrangements: (Please tick) Home Sandwiches Paid School Meal Free school Meal

Travel arrangements: (Please tick):

- Car Car Share School Bus Walk Cycle Public Bus Taxi Train

Please indicate below if parent/s is/are Service personnel, serving in regular military units of all forces.

- (Please tick): Yes No Refused

Ethnicity (Please tick)	Religion (Please tick)
<p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish heritage <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> White Eastern European <input type="checkbox"/> White Western European <input type="checkbox"/> Any other white background	<input type="checkbox"/> BUDD Buddhist <input type="checkbox"/> CHR Christian <input type="checkbox"/> HIN Hindu <input type="checkbox"/> JEW Jewish <input type="checkbox"/> MUS Muslim <input type="checkbox"/> NON No Religion <input type="checkbox"/> OTH Other <input type="checkbox"/> SIK Sikh <input type="checkbox"/> R Refused
<p>Asian or Asian Black</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	<p>National Identity</p> <input type="checkbox"/> British <input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Other <input type="checkbox"/> Refused <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh
<input type="checkbox"/> Chinese	
<p>Black or Black British</p> <input type="checkbox"/> Caribbean White & Black African	
<p>Mixed</p> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Mixed background <input type="checkbox"/> White & Black African	
<input type="checkbox"/> Other ethnic group. Please supply	
<p>Home Language</p> <p>Language Spoken at Home</p>	
<p>Child's First Language</p> <p>Please indicate your child's first language</p> <p>.....</p>	
<p>ANY OTHER RELEVANT INFORMATION</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>SIGNED.....DATE.....</p> <p>PRINT NAME</p> <p>Data Protection</p> <p>All information is entered on a computer database for use by the school and the Local Education Authority and is held in the strictest confidence. Although there is no legal obligation for parents / guardians to provide cultural information, the LEA are requested to provide returns to the Department of Education and Employment for statistical purposes.</p>	