HERRINGTHORPE INFANT SCHOOL F1 APPLICATION FORM

Herringthorpe Infant School captures the data on this form to support your child's education and wellbeing. All data is collected in line with the GDPR-UK. For further information on how the school processes and shares this data, please see our privacy notice available on the school website www.herringthorpeinfantschool.co.uk.

SECTION 1 (to be completed by all parents/carers)

PREVIOUS SCHOOL (if applicable): ……

LEGAL SURNAME: …….. LEGAL FORENAMES: ……..

PREFERRED SURNAME: …… PREFERRED FORENAME: ……..

DATE OF BIRTH: …… MALE / FEMALE: ……..

ADDRESS: …….

…….POSTCODE: …….

Names of brothers or sisters in school (or in Herringthorpe Juniors)

SURNAME: …….. FORENAMES: ……

SURNAME: …….. FORENAMES: ……

PARENT/CARER 1 – RELATIONSHIP TO CHILD ……..……..

Priority ……..… (order you wish to be contacted e.g. 1, 2 or 3 – 1 being priority)

NAME: …… HOME ADDRESS: …….

……..…….. POSTCODE: ……..……

HOME TEL NUMBER: …… MOBILE NUMBER: ……..……..

EMAIL ADDRESS: ……..

LEGAL PARENTAL RESPONSIBILITY: YES / NO

PARENT/CARER 2 – RELATIONSHIP TO CHILD ……

Priority …… (order you wish to be contacted e.g. 1, 2 or 3 – 1 being priority)

NAME: …… HOME ADDRESS: …….

……..…….. POSTCODE: ……..……

HOME TEL NUMBER: …… MOBILE NUMBER: ……..……..

EMAIL ADDRESS: ……

LEGAL PARENTAL RESPONSIBILITY: YES / NO

IF THE PARENT/CARER 1 & 2 HAVE DIFFERENT ADDRESSES, PLEASE INDICATE WHERE THE CHILD LIVES – PARENT/CARER 1 OR PARENT/CARER 2 (please circle).

SECTION 2. ADDITIONAL INFORMATION

Is your child in Local Authority Care?	YES / NO
Is your child adopted?	YES / NO
Is either parent serving in the armed forces?	YES / NO
Are you seeking Asylum in the UK?	YES / NO

SECTION 3. MEDICAL & DIETARY NEEDS

Does your child have any medical conditions or dietary needs that we need to be aware of? YES / NO
If Yes, please provide more information:
……
……
……
……
……

SECTION 4. SAFEGUARDING & ADDITIONAL SUPPORT

Does your child have any additional needs? Is there anything else that you would like to tell us about your child or family? ……
……
……
……
……

Other agencies involved with your family - please circle all that apply:

CDC	Speech & Language	Portage
Hearing Impairment Team	Early Help	Social Care
Educational Psychology	Asylum Support	Housing Team

Other agency or support: ……

Does your child have an IEP?	YES / NO
Does your child have an EHCP?	YES / NO
Are you in the process of applying for an EHCP?	YES / NO
Is your child currently in receipt of DLA?	YES / NO

SECTION 6. SESSIONS REQUIRED –Please circle your choice

Would you prefer morning / afternoon or a 30 Hour place? (please circle your preference)

30 HOUR CODE: __ __ __ __ __ __ __ __ __ __ __ (This must be valid when sessions start)

Morning sessions are 5 x 3hr sessions, term time only, 9.00am until 12.00 noon (subject to change)
Afternoon sessions are 5 x 3hr sessions, term time only, 12.15pm until 3.15pm (subject to change)
30 hour places are 5 x 6hr sessions, term time only, 9.00am until 3.00pm (subject to change)
30 hour places require an 11-digit code – eligibility applies – visit www.childcarechoices.gov.uk

We require proof of your child's date of birth. Please send a clear image of their passport or birth certificate to: office@herringthorpeinfantschool.co.uk.

Signed: …… Parent/ Carer Date:……

THANK YOU FOR YOUR INTEREST IN HERRINGTHORPE INFANT SCHOOL