

# Oldbrook First School

## Living and Learning Together



✉ Illingworth Place, Oldbrook, Milton Keynes, MK6 2NH  
 ☎ 01908 604689 Fax: 01908 234280  
 e-✉ [office@oldbrookschool.co.uk](mailto:office@oldbrookschool.co.uk)



### ADMISSION TO OLDBROOK FIRST SCHOOL NURSERY REGISTRATION FORM

*(Please complete this form in BLOCK CAPITALS so the school record has the correct information relating to your child. Please return this form to the school and attach a copy of your child's birth certificate).*

Child's Surname:		First Name:		
Preferred Name:		Middle Name(s):		
Name as shown on birth certificate (if different):				
Date of birth:     /     /		Sex: Male / Female (please delete)		
Email address:				
Address:				
Post Code:		Home Phone Number:	Mobile Number:	
First Language:		Religion		
Ethnicity (please tick): The DfE requires schools to report information about the numbers of pupils from each ethnic group on its annual census of schools. It would be appreciated if you could complete the details below and tick the box, which you believe corresponds to your child's ethnic background.				
<b>White</b>	<b>Mixed or Dual Background</b>	<b>Asian or Asian British</b>	<b>Black or Black British</b>	<b>Other Groups</b>
English	White and Black Caribbean	Indian	Black Caribbean	Chinese
Scottish	White and Black African	Pakistani	Ghanaian	Japanese
Welsh	White and Pakistani	Bangladeshi	Nigerian	
Irish	White and Indian	Any other Asian background	Sierra Leone	
Other White British	Any other mixed background		Somali	
Any other White background			Other Black African	Any other (please state)
			Any other Black background	

Nursery/playgroup attending/attended.....

Date Started ...../...../.....



**SIBLINGS - Please provide names and dates of birth of all brothers / sisters**

Name	Date of Birth	Current school <i>(if appropriate)</i>

**MEDICAL DETAILS**

Name of family doctor:	Telephone Number:
Address:	
Are there any medical problems likely to cause difficulty or be relevant while attending this school?	
Does your child have any regular medications e.g. asthma inhaler?	
Is your child allergic to plasters?	

**HOW WILL YOUR CHILD TRAVEL TO SCHOOL? (Please tick)**

Walk		Private car		Public transport	
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**EMERGENCY CONTACT NUMBERS:** It is extremely important that we are able to make contact with you during the day should there be a problem with your child. Please therefore give daytime details and at least one other contact person and indicate the order in which they should be contacted. Please give names and address of both parents (where possible). Unless an order under Section 8 of the Children Act 1989 is in force, we are obliged to treat all those with parental responsibility equally and they are entitled to receive school reports and participate in the exercise of other parental rights, such as voting, attending parents' evenings, etc.

Parent/Carer1 (Mrs/Miss/Ms/Mr)	Surname	First name		
Address				
Telephone numbers	Home	Work	Mobile	
Contact Order (please circle): 1 2 3 4				

Parent/Carer 2 (Mrs/Miss/Ms/Mr)	Surname	First name		
Address				
Telephone numbers	Home	Work	Mobile	
Contact Order (please circle): 1 2 3 4				

Additional Contact (Mr/Mrs/Miss/Ms)			
Address			
Relationship to child			
Telephone numbers	Home	Work	Mobile
Contact Order (please circle): 1 2 3 4			

### SPECIAL FAMILY CIRCUMSTANCES

Please give details of any special family circumstances that the school should be aware of, for example, if parents are separated, divorced or deceased. Please also state if the child is part of a single parent family.			
Is your child subject to a residence or care order?			Yes/No
If yes, please give details of the person who has the order:			
Name (Mr/Mrs/Miss/Ms)			
Address			
Telephone numbers	Home	Work	Mobile
Please confirm access rights of any other parent:			

### SUPERVISED LOCAL VISITS *(Please tick and sign as appropriate)*

I give permission for my child to take part in learning activities that involve visiting local places that are near to school and within Milton Keynes, under the following conditions: * <i>The visits are within walking distance.</i> * <i>The school will always ensure appropriate levels of adult support.</i> * <i>The adults accompanying my child will always include experienced staff as well as additional helpers.</i> * <i>My child will be closely supervised at all times.</i> * <i>Any individual Special Educational Needs or medical needs will be carefully and sensitively taken into account..</i>			
I give permission		I do not give permission	Signed

### DIETARY INFORMATION *(e.g. vegetarian, special diet)*

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### MEDICAL TREATMENT *(Please tick and sign as appropriate)*

I give permission that if my child urgently requires medical/dental treatment during day, or during and after school activity, and it is not possible to contact me or other named contacts, the teacher in charge at the time is authorised to give consent on my behalf. I also give consent to the same should my child be off the school premises on a local visit. I also agree to information being shared with the NHS and other relevant health professionals.			
I give permission		I do not give permission	Signed

**INTERNET** (Please tick and sign as appropriate)

I give permission for my child to access the Internet under supervision from staff. I understand that the school will take all reasonable precautions to ensure pupils cannot access inappropriate materials in line with the Acceptable Use Policy.

I give permission	<input type="checkbox"/>	I do not give permission	<input type="checkbox"/>	Signed
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As part of our communications activity, Oldbrook First School and Milton Keynes Council occasionally uses information and photography for publicity purposes. We would like your permission to:

- image/film/name of your child /you/your relative for possible inclusion in our publications, school website and other publicity material.
- image/film/name of your child within local newspapers and press releases.

*We will not use the personal details or full names (which means first name and surname) of any child or adult in a photographic image on video, on our website, in our school prospectus or in any of our other printed publications.* The school and council will ensure as far as possible that images are not used inappropriately but by signing this permission form you accept that should this happen the school and council do not accept responsibility. You/your relative's contact details will remain strictly confidential.

I give permission	<input type="checkbox"/>	I do not give permission	<input type="checkbox"/>	Signed
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**GDPR – General Data Protection Regulations** (Please sign as appropriate)

Oldbrook First School needs information about pupils in order to teach effectively and to fulfil its reporting requirements to Local Authority and to the Department of Education. The attached document outlines how we use this data. Please sign below to confirm you have read and understood this document.

I have read and understood the document 'What we do with Information about Pupils' document.	Signed
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**CONSENT FOR INFORMATION** - This is valid for the duration of your child's attendance at Oldbrook First School. **The consent will automatically expire after this time unless we are notified in writing to alter your permissions.**

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

Name: (please print) .....

Relationship to child .....

Office use only					
<input type="checkbox"/>	Input on SIMS	<input type="checkbox"/>	Input on Capita	<input type="checkbox"/>	Received birth certificate/passport