**Child’s Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** (on birth certificate) |  | **First Name(s)** |  | |
| **Known as (surname)** |  | | **Date of Birth** |  |
| **Gender:** |  | | | |
| **Home Address:** |  | | | |
| **Post Code:** |  | **Telephone Number:** |  | |

**Parents’ Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mother’s Full Name:** |  | | |
| **Home Address:** |  | | |
| **Post Code:** |  | **Telephone Number:** |  |
| **Email Address:** |  | | |
| **Father’s Full Name:** |  | | |
| **Home Address (if different)** |  | | |
| **Post Code:** |  | **Telephone Number:** |  |
| **Step Mother/Father Name:** |  | | |
| **Contact Priority** (1st/2nd/3rd) |  | **Telephone Number:** |  |

**Other Contacts** (if parents are unavailable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Relationship to Child: | |  |
| Telephone Number: |  | | | |
| Address: |  | | | |
| Name: |  | Relationship to Child: | |  |
| Telephone Number: |  | | | |
| Address: |  | | | |
| Name(s) of older brother(s)/sister(s): |  | Year: |  | |

**Medical Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Doctor: |  | | | Surgery Name: | | | |  | | | | |
| Telephone Number: |  | | | Address: | | | |  | | | | |
| Medical Conditions: |  | | | | | | | | | | | |
| Asthma (tick): | Yes: |  | No: | |  | Your child will need a Care Plan if YES | | | | | | |
| Dietary Requirements: (tick): | No dairy |  | No pork | |  | No nuts |  | | Gluten Free |  | Vegetarian |  |
| Family History: | Please give details below of any specific learning needs i.e. dyslexia, discalculia, autism etc | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**Lunch Arrangements** (tick):

|  |  |  |  |
| --- | --- | --- | --- |
| **School Meal (paid)** |  | **Sandwiches (from home)** |  |
| (Currently only children in Reception, Year 1 and Year 2 receive universal free school meals from the Government) | | | |

**Information Required under the Children Act:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The following adults have ‘Parental Responsibility’ but do not live with the child: | | | | | | |
| **Name(s):** |  | | **Address:** |  | | |
|  |  | |  | | | |
| Are there any Court Orders which relate to your child (tick)? | | | **Yes:** |  | **No:** |  |
| If Yes please provide details: | |  | | | | |

**Ethnicity** (tick):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White British |  | Any other Asian background |  | Any other Black background |  |
| Any other Ethnic background |  | Any other mixed background |  | Bangladeshi |  |
| African – Black |  | Black Caribbean |  | Chinese |  |
| Gypsy/Roma |  | Indian |  | Pakistani |  |
| Traveller of Irish Heritage |  | Irish – White |  | White and Asian |  |
| White and Black African |  | White and Black Caribbean |  | I do not wish an ethnic background category to be recorded |  |
| Information was provided by Parent (tick) | | | | |  |

**First Language** (please circle **one** of the following)**:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| English | Acholi | Adangme | Afar-Saho | Afrikaans | Akan (fante) | Akan  (Twi-Asante) | Albanian/  Shqup | Alur | Ambo (Kwanyama) |
| Ambo (Ndonga) | Ambo/  Oshiwambo | Amharic | AnyiBaule | Arabic | Arabic (Algeria) | Arabic  (Any Other) | Arabic (Iraq) | Arabic (Morocco) | Arabic (Sudan) |
| Arabic (Yemen) | Armenian | Assamese | Assyrian/Aramaic | Aymara | Azeri | Balochi | Balti Tibetan | Bambara | Bamileke (Any) |
| Basque/  Euskara | Beja/  Bedawi | Belarusian | Bemba | Bengali | Bengalin  (Any Other) | Bengali (Chittagong/  Noakhali) | Bengali (Sylheti) | Berber (Tamashek) | Berber/  Tamazight |
| Berber/  Tamazight (Any Other) | Berber/Tamazight (Kabyle) | Bjojpuri | Bikol | Bosnian | British Sign Language | Bulgarian | Burmese/  Myanma | Cambodian/  Khmer | Caribbean creole English |
| Caribbean Creole French | Catalan | Cebuano/  Sugbuanon | Chaga | Chattisgarhi  Khatahi | Chechen | Chichewa/  Nyanja | Chinese | Chines  (Any Other) | Chinese (Cantonese) |
| Chinese (Hakka) | Chinese (Hokkien/  Fujanese) | Chinese (Mandarin/  Putonghua) | Chitrail/  Khowar | Chokwe | Comorian | Swanhili | Cornish | Croatian | Czech |
| Dagaare | Daghane | Danish | Dari Persian | Danish | Dutch | Finnish | German | Greek | Gejarati |
| Hebrew | Hindi | Italian | Japanese | Korean | Kurdish | Maltese | Norwegian | Other | Pahari (Pakistan) Panjabi |
| Polish | Portuguese | Punjabi | Romanian | Refused | Siraiki | Slovenian | Spanish | Swedish | Thia |
| Turkish | Urdu | Vietnamese | Welsh | Yoruba | Czech | None of the  above (print): |  | | |

**Religion (tick):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Buddhist |  | Christian |  | Hindu |  | Jewish Muslim |  |
| Sikh |  | No Religion |  | Other |  | Refused |  |

**Travel (tick):**

|  |  |  |  |
| --- | --- | --- | --- |
| Car/Van |  | Walk |  |

**Previous Setting**

|  |  |
| --- | --- |
| Name of Previous Nursery/Childminder: |  |
| Address: |  |

Any other Information which you feel we may require:

|  |
| --- |
|  |

Sun Academy Bradwell, Cauldon Avenue, Newcastle Under Lyme, ST5 8JN

**T:** 01782 973855 **E:** office@sunacademy.attrust.org.uk **W:** www.sunacademy.attrust.org.uk