

**Acorns to Oaks Application Form**

**Personal details of the Child**

|  |  |
| --- | --- |
| **Surname:**  |  |
| **First Name:**  |  |
| **Year Group:** |  |
| **Class:** |  |
| **Is the child known by any other names? If so, please state:**  |  |

|  |  |
| --- | --- |
| **Gender:** |  |
| **Date of Birth:** |  |
| **Address:**  |  |

|  |  |
| --- | --- |
| **Ethnicity:** |  |
| **Child’s First Language:** |  |
| **Child’s Home Language:**  |  |
| **Please state all Languages that your Child speaks:** |  |
| **Child’s Religion:**  |  |
| **Is English an additional language to the Child:** | **YES / NO** |
| **Is your child entitled to Free School Meals:** |  |

**Medical Details of the Child**

|  |  |
| --- | --- |
| **Doctors Name:** |  |
| **Doctors Practice Address & Phone Number:** |  |
| **Does your child have any Special Educational Needs?**  |  |
| **Does your child have any previous serious or ongoing illness or allergies, please give details:** |  |
| **Are there any foods/drinks that your child cannot eat due to allergies or religion?** |  |
| **Has your child ever received Occupational or Speech and Language Therapy? Please state details:**  |  |

**Parent Details and Emergency Contacts: (only persons stated below will be able to collect your child unless advised otherwise)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title (Miss/Mrs/Mr):** |  | **First Name:** |  | **Surname:** |  |
| **Home Address including Postcode:**  |  |
| **Relationship to Child:** |  |
| **Home Phone Number:** |  |
| **Mobile Number:** |  |
| **Work Phone Number:** |  |
| **Email Address:**  |  |
| **Does this person have Parental Responsibility for the Child?**  | **YES / NO** | **Does this person live with the Child?** | **YES / NO** | **Priority order of contact in case of an emergency** | **1 / 2 / 3**  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title (Miss/Mrs/Mr):** |  | **First Name:** |  | **Surname:** |  |
| **Home Address including Postcode:**  |  |
| **Relationship to Child:** |  |
| **Home Phone Number:** |  |
| **Mobile Number:** |  |
| **Work Phone Number:** |  |
| **Email Address:**  |  |
| **Does this person have Parental Responsibility for the Child?**  | **YES / NO** | **Does this person live with the Child?** | **YES / NO** | **Priority order of contact in case of an emergency** | **1 / 2 / 3**  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title (Miss/Mrs/Mr):** |  | **First Name:** |  | **Surname:** |  |
| **Home Address including Postcode:**  |  |
| **Relationship to Child:** |  |
| **Home Phone Number:** |  |
| **Mobile Number:** |  |
| **Work Phone Number:** |  |
| **Email Address:**  |  |
| **Does this person have Parental Responsibility for the Child?**  | **YES / NO** | **Does this person live with the Child?** | **YES / NO** | **Priority order of contact in case of an emergency** | **1 / 2 / 3**  |

**Further Details**

|  |  |
| --- | --- |
| **Is there anything else you would like to tell us about?** |  |

**Details of Childcare required**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days and times required (please tick ):**  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Breakfast Club: 7:30am-8:40am ❒ | Breakfast Club: 7:30am-8:40am ❒ | Breakfast Club: 7:30am-8:40am ❒ | Breakfast Club: 7:30am-8:40am ❒ | Breakfast Club: 7:30am- 8:40am ❒ |
| After School Provision 3:15pm- 6:00pm ❒  | After School Provision 3:15pm- 6:00pm ❒  | After School Provision 3:15pm- 6:00pm ❒  | After School Provision 3:15pm- 6:00pm ❒  | After School Provision 3:15pm- 6:00pm ❒  |

**Data Protection Act 1998: The School is registered under the Data Protection Act for holding personal data. The School has a duty to protect this information and to keep it up to date. The School is required to share some of the data with the Local Authority and with the DfE.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:**  |  | **Date:** |  |