

# Nursery Application Form



**East Lothian**  
Council

**NOTE:** Please read the Completion Advice Notes to assist you in completing this form.  
Completed forms should be returned to your first choice nursery with a copy of your child's Birth Certificate.

The information you provide below, is stored and processed electronically. Your data is processed because we have a legal obligation to do so, and is done so in accordance with the Data Protection Act 2018. For more information about how and why we use your personal data, please visit [www.eastlothian.gov.uk/enrolment](http://www.eastlothian.gov.uk/enrolment)

## 1. Child Details

|               |  |  |   |
|---------------|--|--|---|
| Forename(s)   |  | Known As                                 |   |
| Surname       |  |  |   |
| Date of Birth |  | Gender (M/F)                             | M <input type="checkbox"/> F <input type="checkbox"/> |
| Address       |  | Brothers/sisters already at this school: |   |
|               |  |  |   |
| Postcode      |  |  |   |

## 2. Contact Details *Please provide details of up to 4 contacts*

### Contact 1 – Parent/Carer

|  |                                   |                       |  |
|--|-----------------------------------|-----------------------|--|
| Name   | Mr/Mrs/Miss/Ms (please delete)    |                       |  |
| Address  | <i>(if different to child's):</i> |                       |  |
| Postcode   |                                   | Daytime Telephone No. |  |
|  | Home Telephone No.                |                       |  |
|  | Mobile No.                        |                       |  |
| Relationship   |                                   | Can Collect           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>** For email details please see section 17 below **</b> |                                   | Emergency Contact     | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Additional Contact 2**

|              |                                |                       |  |
|--------------|--------------------------------|-----------------------|--|
| Name         | Mr/Mrs/Miss/MS (please delete) |                       |  |
| Address      |                                |                       |  |
| Postcode     |                                | Daytime Telephone No. |  |
|              |                                | Home Telephone No.    |  |
|              |                                | Mobile No.            |  |
| Relationship |                                | Can Collect           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|              |                                | Emergency Contact     | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Additional Contact 3**

|              |                                |                       |  |
|--------------|--------------------------------|-----------------------|--|
| Name         | Mr/Mrs/Miss/MS (please delete) |                       |  |
| Address      |                                |                       |  |
| Postcode     |                                | Daytime Telephone No. |  |
|              |                                | Home Telephone No.    |  |
|              |                                | Mobile No.            |  |
| Relationship |                                | Can Collect           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|              |                                | Emergency Contact     | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Additional Contact 4**

|              |                                |                       |  |
|--------------|--------------------------------|-----------------------|--|
| Name         | Mr/Mrs/Miss/MS (please delete) |                       |  |
| Address      |                                |                       |  |
| Postcode     |                                | Daytime Telephone No. |  |
|              |                                | Home Telephone No.    |  |
|              |                                | Mobile No.            |  |
| Relationship |                                | Can Collect           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|              |                                | Emergency Contact     | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### 3. Which nursery do you wish your child to attend?

Please list up to 3 local authority choices in priority order. Whilst we will try to offer your first choice this cannot be guaranteed. PLEASE RETURN THE COMPLETED FORM TO YOUR FIRST CHOICE NURSERY.

1.

2.

3.

If a place cannot be made available in your first choice of nursery, you may wish to attend another nursery this year. If so, please advise the head teacher of the nursery of your first choice whether you still wish to remain on their waiting list for this year.

### 4. Child Health Information

Does the child have any long-term illness, medical condition or disability? Yes  No   
Not Disclosed

If yes, please give a brief description:

Has there been a professional assessment confirming disability? Yes  No   
Can you provide copies of professional assessment? Yes  No

### 5. Doctor Details

|               |                                 |                  |  |
|---------------|---------------------------------|------------------|--|
| Health Board: | Lothian<br>(amend if incorrect) | Practice Address |  |
|               |                                 | Post Code        |  |
|               |                                 | Telephone No.    |  |

### 6. Concerns

Please add details of any concerns about your child (mark "Yes" or "No" for each category):

|   |       |  |
|---|-------|--|
| Sight                                   | Y / N |  |
| Hearing                                 | Y / N |  |
| Speech/Language                         | Y / N |  |
| Coordination and movement               | Y / N |  |
| Behaviour                               | Y / N |  |
| Toileting                               | Y / N |  |
| Involvement of Educational Psychologist | Y / N |  |
| Involvement of Social Worker            | Y / N |  |
| Other                                   | Y / N |  |

## 7. Dietary Requirements

Any Special Dietary Requirements

Yes  No

If yes, please provide details below

## 8. Health Visitor

Name of Health Visitor

Is Health Visitor based at Doctor's address in section 5 above?

Yes  No

If "No", enter their address details below:

Health Visitor Address  
(If different to Doctor's practice)

## 9. Ethnic Background

Please tick the **one** category.

|                                      |                          |   |                          |                         |                          |
|--------------------------------------|--------------------------|---|--------------------------|-------------------------|--------------------------|
| African – African/British/Scottish   | <input type="checkbox"/> | Caribbean or Black Caribbean/British/Scottish | <input type="checkbox"/> | White - Gypsy Traveller | <input type="checkbox"/> |
| African – Other                      | <input type="checkbox"/> | Caribbean or Black - Other                    | <input type="checkbox"/> | White – Irish           | <input type="checkbox"/> |
| Asian – Bangladeshi/British/Scottish | <input type="checkbox"/> | Mixed or multiple ethnic groups               | <input type="checkbox"/> | White – Other           | <input type="checkbox"/> |
| Asian - Chinese/British/Scottish     | <input type="checkbox"/> | Not Disclosed                                 | <input type="checkbox"/> | White - Other British   | <input type="checkbox"/> |
| Asian - Indian/British/Scottish      | <input type="checkbox"/> | Not Known                                     | <input type="checkbox"/> | White - Polish          | <input type="checkbox"/> |
| Asian – Other                        | <input type="checkbox"/> | Other Arab                                    | <input type="checkbox"/> | White - Scottish        | <input type="checkbox"/> |
| Asian - Pakistani/British/Scottish   | <input type="checkbox"/> | Other – Other                                 | <input type="checkbox"/> |                         |                          |

If you have ticked one of the 'Other' boxes for any of the above ethnic origins, please enter the specific ethnic origin here: -

## 10. Childs Religion - Please tick any religious affiliation below

|           |                          |               |                          |                        |                          |
|-----------|--------------------------|---------------|--------------------------|------------------------|--------------------------|
| Buddhist  | <input type="checkbox"/> | Muslim        | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | None          | <input type="checkbox"/> | Sikh                   | <input type="checkbox"/> |
| Hindu     | <input type="checkbox"/> | Not Disclosed | <input type="checkbox"/> |                        |                          |
| Jewish    | <input type="checkbox"/> | Not Known     | <input type="checkbox"/> |                        |                          |

If you have ticked the 'Other' box please enter the specific religion here:

| 11. National Identity - Please tick the <b>one</b> category.                         |   |                                   |
|--|---|-----------------------------------|
| British <input type="checkbox"/>   | Not Disclosed <input type="checkbox"/>          | Scottish <input type="checkbox"/> |
| English <input type="checkbox"/>   | Not Known <input type="checkbox"/>              | Welsh <input type="checkbox"/>    |
| Northern Irish <input type="checkbox"/>  | Other (please specify) <input type="checkbox"/> |                                   |
| If you have ticked the 'Other' box please enter the specific National Identity here: |   |                                   |

| 12. Asylum Status - Please tick the <b>one</b> appropriate category, if applicable. |                                  |
|---|----------------------------------|
| Asylum Seeker <input type="checkbox"/>  | Refugee <input type="checkbox"/> |

| 13. Main Home Language – Please detail the main language spoken at the child’s home (e.g. “English”): |
|---|
|   |

| 14. Additional Information to support application |
|---|
|   |

| 15. Marketing Information   |   |
|---|---|
| To assist us in our marketing strategies please tick one of the following boxes indicating how you were informed of the application process |   |
| How did you hear about this nursery? Please select all which apply  |   |
| Local Press <input type="checkbox"/>  | Local Primary School <input type="checkbox"/> |
| National Press <input type="checkbox"/>   | From Nursery <input type="checkbox"/>         |
| Council buildings (libraries, community centres etc) <input type="checkbox"/>   | Friends/Relations <input type="checkbox"/>    |
| Other <input type="checkbox"/>  |   |

| 16. Intended Primary – please state the primary school you are intending to enrol the child at, for their P1 year . <b>Placement in a primary school is based on home address and pupils who attend a nursery school or class are not guaranteed a place if they do not live within the school’s catchment area.</b> |   |                                  |
|--|---|----------------------------------|
| Local Authority Primary (please state) <input type="checkbox"/>  | Non Local Authority Primary (please state) <input type="checkbox"/> | Unknown <input type="checkbox"/> |
|  |   |                                  |

## 17. Email Consent

One of the ways in which East Lothian Council schools like to communicate with parents is via e-mail.

If you are happy to receive correspondence in this way, please complete the fields below.

Please note – once you have consented and provided email details below, those details move with the pupil record to their next school in East Lothian.

Name of Parent/Carer: \_\_\_\_\_

Email address: \_\_\_\_\_

If you change your mind at any point in the future about being contacted by email, please contact the school office to make any changes.

## 18. NHS Data Transfer Consent (Please tick one of these boxes)

To help the NHS plan and conduct large scale programs such as vision screening and dental checks, pupil data is securely sent to the NHS. This data consists of details such as name, date of birth, gender and address. These NHS programs help identify, for example, vision problems which can be more effectively addressed whilst the pupil is still young.

If you DO wish this data to be sent to the NHS for these purposes, please tick this box:

If you do NOT wish this data to be sent to the NHS for these purposes, please tick this box:

If you change your mind at any point in the future about NHS Data transfers, please contact the school office to make any changes.

**19. Declaration**

I declare the information on this form to be correct to the best of my knowledge.

Signed

Print Name

Date

**20. OFFICE USE ONLY**

|                                 |  |                             |  |
|---------------------------------|--|-----------------------------|--|
| <i>Date of Application</i>      |  | <i>Allocation Category</i>  |  |
| <i>Proof of Birth Date seen</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <i>Expected Start Date:</i> |  |

*Identification: Enter Birth Cert Number & Time of Birth*

|    |  |                 |
|----|--|-----------------|
| 1) | <i>Birth Certificate Number (e.g. "123 / 2012 / 123"):</i> | ___ / ___ / ___ |
| 2) | <i><u>Time</u> of birth (e.g. "0155 Hours")</i>            | _____           |