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DOROTHY GARDNER CENTRE
APPLICATION & BACKGROUND INFORMATION FORM

Child's first name:	Child's last name:
Sex: Male / Female	
Date of birth:	
Home address:	Home Tel No:
Is this temporary / permanent	Mobile No:
	Email:
Place of Birth:	Religion:
Child's 1 st Language:	Other Language(s):
Mother's first name:	Mother's last name:
What would you like us to call you?	
Address (if different from above)	
1 st Language:	Any other Language(s):
Country of Origin:	
Are you a Refugee / Asylum Seeker?	
Occupation:	
Place of work/study:	
Work telephone number:	
Hours of work/study:	
Father's first name:	Father's last name:
What would you like us to call you?	
Address (if different from above)	
1 st Language:	Any other Language(s):
Country of Origin:	
Are you a Refugee / Asylum Seeker?	
Occupation:	
Place of work/study:	
Work telephone number:	
Hours of work/study:	

Children are initially offered a part time place. This may be a morning (9:15- 11:45) or an afternoon (12:45- 3:15) session.

Would you prefer your child to have a morning or an afternoon place?

Please note that we will not always be able to accommodate your preference.

We have a limited number of extended day places. (From 8:30- 9:15 in the morning and 3:15- 4:30 in the afternoon.) There is a charge for this service.

Would you be interested in extended day provision for your child? Yes / No

Is there anyone else who looks after your child? This may be a child minder or a regular baby sitter.

Carer's name:

Address:

Tel No:

1st Language:

Does your child have any brothers or sisters? Yes / No

Position in Family: 1 2 3 4 5 6 (please circle to indicate position)

Names of other children	Date of birth	Which school do they go to?
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Why do you want a place at Dorothy Gardner for your child?

Are there any other medical or social reasons for your child to have a nursery place? Do you have any concerns about his/her:

- Sight/ vision
- Hearing
- Language development
- Behaviour?

Does your child receive any additional support? (For example from Speech and Language Therapists, Occupational Therapists, Kids Home Learning, etc?)

GP's Name & address

Health Visitor's Name & address:

Social Worker's Name:

Does your child attend another nursery? Yes / No

Name of nursery/school:

Is your child on the waiting list for another nursery? Yes / No

Name of nursery/school:

Does your child attend a playgroup? Yes / No

Name of playgroup:

Is your child on a waiting list for a school Yes / No

Name of School:

I declare that the above information is correct

Signed Date

Birth Certificate seen: Yes / No

Proof of residence seen: Yes / No

Signature of member of staff

Ethnic background record form (based on the new national population Census ethnic categories)

Pupil's name

Class/Form

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history.

Ethnic background is not the same as nationality or country of birth.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child named above. Please also tick whether the form was filled in by a parent or the pupil.

White

- ◆ British ☐
- ◆ Irish ☐
- ◆ Traveller of Irish Heritage ☐
- ◆ Gypsy/Roma ☐
- ◆ Albanian ☐
- ◆ Portuguese ☐
- ◆ Kosovan ☐
- ◆ White Eastern European ☐
- ◆ White Western European ☐
- ◆ Any other White background ☐

Mixed

- ◆ White and Black Caribbean ☐
- ◆ White and Black African ☐
- ◆ White and Asian ☐
- ◆ Any other mixed background ☐

Asian or Asian British

- ◆ Indian ☐
- ◆ Pakistani ☐
- ◆ Bangladeshi ☐
- ◆ Any other Asian background ☐

Black or Black British

- ◆ Caribbean ☐
- ◆ African ☐
- ◆ Black Angolan ☐
- ◆ Black Congolese ☐
- ◆ Black Ghanaian ☐
- ◆ Black Nigerian ☐
- ◆ Black Sierra Leonean ☐
- ◆ Black Somali ☐
- ◆ Black Sudanese ☐
- ◆ Any other Black background ☐

Chinese

☐

Any other ethnic background

- ◆ Afghan ☐
- ◆ Arab Other ☐
- ◆ Egyptian ☐
- ◆ Iranian ☐
- ◆ Iraqi ☐
- ◆ Kurdish ☐
- ◆ Lebanese ☐
- ◆ Libyan ☐
- ◆ Moroccan ☐
- ◆ Yemeni ☐
- ◆ Any other ethnic background ☐

I do not wish an ethnic background category to be recorded ☐

Please return the form to the school within four weeks in the enclosed envelope, or by bringing it into the school office (or by email if it's been sent to you that way).

(Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.)

**This information
was provided by:**

Parent ☐

Pupil ☐