



VAUXHALL PRIMARY SCHOOL and CHILDREN'S CENTRE



Vauxhall Street, London, SE11 5LG
Executive Headteacher: Mr Christopher Toye
Head of School: Mr Edison David
Tel: 020 7735 4535 **Fax:** 020 7735 0370
Email: office@vpscc.org.uk

Name and Address of Child

Family Name:	First Name(s):
Date of Birth:	Sex (please circle) : M / F
Address (proof required):	
Postcode:	Home Telephone Number:

Nationality and Religion of Child

Nationality:	Country of Birth:
Date of arrival in UK:	Religion (put none if no religion):

To be completed for Nursery Applications only: (Please circle)

Would you prefer a full-time or part-time place?	Full-time / Part-time
If a full-time place is not available, would you prefer morning (9am-12pm) or afternoon (12pm-3pm)?	Morning / Afternoon
Are you currently in full-time employment or education?	Yes / No

First Parent / Carer

Family Name:	First Name(s):	Title:
Relationship to child:	Country of origin:	
Address (if different from the child's)		Post Code:
Home Telephone Number:	Mobile Number:	
Work Number:		

Second Parent / Carer

Family Name:	First Name(s):	Title:
Relationship to child:	Country of origin:	
Address (if different from the child's)		Post Code:
Home Telephone Number:	Mobile Number:	
Work Number:		

Free School Meals: If you would like us to automatically check whether your child is eligible for Free School Meals then please fill in Parent/Carer details below:

1) National Insurance Number/ NASS Number: _____ Date of birth: _____
 2) National Insurance Number/ NASS Number: _____ Date of birth: _____

Previous Schools (Please enter details of each school your child has attended, starting with most recent):

School Name and Address:	Date started:	Date left:

Home Information:

What is your child's first language? (If your child is bilingual and fluent in English, put both languages):

What language is spoken at home?:

Brothers or Sisters? (Please enter their details below:

Name	Age	School Attended (if applicable)

Medical Information: *(please circle)*

Does your child have any allergies?: Yes / No If yes, please give details:	Should your child wear glasses?: Yes / No
Does your child suffer from any chronic complaints or serious illnesses?: Yes / No If yes, please give details:	Is there a hearing difficulty? Yes / No
Is there any reason why your child cannot take part in any physical activity?: Yes / No If yes, please give details:	
Does your child regularly take any medication or use creams? Yes / No If yes, please give details:	
Is there anything else you should inform us about?: Yes / No If yes, please give details:	
Name and address of child's Doctor:	Doctor's Telephone Number:

N.B: Please note that we do not allow a child to bring medicines into school that are not prescribed for them, or without a medicine form being filled in by the parent / carer.

Additional Information:

Do you and/or your partner have refugee status?	Yes / No
Are you and/or your partner seeking asylum?	Yes / No
Does your child have a Statement of Special Educational Needs?	Yes / No
Is the child looked after/previously looked after by a local authority, e.g. fostered, in a residential home etc.?	Yes / No

Signature:	Print Name:
Relationship to Child:	Date:

Please tick the box next to the appropriate ethnicity:

Ethnicities	Codes
White:	
<input type="checkbox"/> British (English/Scottish/Welsh) ¹	WBRI
<input type="checkbox"/> Irish	WIRI
<input type="checkbox"/> Traveller of Irish Heritage	WIRT
<input type="checkbox"/> Gypsy/Roma	WROM
<input type="checkbox"/> Any other White background ²	WOTW
<input type="checkbox"/> Greek ³	WGRE
<input type="checkbox"/> Turkish ⁴	WTUR
<input type="checkbox"/> Portuguese	WPOR
Mixed:	
<input type="checkbox"/> White and Black Caribbean	MWBC
<input type="checkbox"/> White and Black African	MWBA
<input type="checkbox"/> White and Asian	MWAS
<input type="checkbox"/> Any other mixed backgrounds ⁵	MOTH
Asian or Asian British:	
<input type="checkbox"/> Indian	AIND
<input type="checkbox"/> Pakistani	APKN
<input type="checkbox"/> Bangladeshi	ABAN
<input type="checkbox"/> Any other Asian backgrounds ⁶	AOTH
Black or Black British:	
<input type="checkbox"/> Caribbean	BCRB
<input type="checkbox"/> African ⁷	BAFR
<input type="checkbox"/> Any other Black backgrounds ⁸	BOTH
Chinese⁹: <input type="checkbox"/> Chinese	CHNE
Any other ethnic background:	
<input type="checkbox"/> Vietnamese	OVIE
<input type="checkbox"/> Any other ethnic group ¹⁰	OOEG

1 Includes English, Scottish, Welsh and Other White British

2 Includes Albanian, Bosnian-Herzegovinian, Croatian, Italian, Kosovan, Serbian, Russian, Latvian, Ukrainian, Polish, Bulgarian, Czech, Slovak, Lithuanian, Romanian, French, German, Spanish, Scandinavian

3 Includes Greek and Greek-Cypriot

4 Includes Turkish and Turkish-Cypriot

5 Includes Asian and any other ethnic group, Asian and Black, Black and any other ethnic group, Black and Chinese, Chinese and any other ethnic group, White and any other ethnic group, White and Chinese, Other mixed background.

6 Includes African Asian, Kashmiri Other, Nepali, Sinhalese, Sri Lankan, Tamil, Other Asian.

7 Includes Angolan, Congolese, Ghanaian, Nigerian, Sierra Leonian, Somali, Sudanese, Other Black African.

8 Includes Black European, Black North American, Other Black.

9 Includes Hong Kong Chinese, Malaysian Chinese, Singaporean Chinese, Taiwanese, Other Chinese

10 Includes Afghan, Arab (Palestinian, Kuwaiti, Jordanian, Saudi Arabian), Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin/South/Central American, Lebanese, Libyan, Malay, Moroccan, Polynesian, Thai, Vietnamese, Yemeni, any other ethnic group