



*Cherish, Nurture, Achieve*

Becket Primary School  
Monk Street Derby DE22 3QB  
Headteacher: Mrs S James  
Telephone No. 01332 347595  
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## Early Years Admission Form

Pupil Forename(s):	Pupil Surname:	Legal Surname:
Male/Female:	Date of Birth:	Home Telephone No:
Address:		
Post Code:		

### Application For Early Years Pupil Premium

The **Early Years Pupil Premium** is an additional payment of £300 which, depending upon your financial circumstances, could be made to your child's nursery to improve the education of your child. It could mean that the nursery is able to purchase extra resources and equipment to suit your child's needs and extend their learning by offering new activities and experiences. Completing **ALL** of the parent details below enables the school to submit a claim for your child.

Parent/Carer 1 Name:	Relationship to Pupil:
Contact Address:	
Post Code:	
Telephone Number:	Mobile Number:
Work Phone Number:	Email Address:
National Insurance/Asylum Seeker Number:	Date of Birth:

Parent/Carer 2 Name:	Relationship to Pupil:
Contact Address:	
Post Code:	
Telephone Number:	Mobile Number:
Work Phone Number:	Email Address:
National Insurance/Asylum Seeker Number:	Date of Birth:

Alternative Emergency Contact Name:	Relationship to Pupil:
Telephone Number:	Mobile Number:

Doctor's Name:	Surgery Address:
Telephone Number:	

Name of Previous Nursery	Tel:-
Name of Any Siblings at Becket Primary School:-	

<b>Ethnic Group:-</b>	
White - White British White Irish Traveller of Irish Background Any other White Background White Gypsy/Roma  Mixed / Dual Background Mixed White & Black Caribbean Mixed White & Black African Mixed White and Black Asian Any Other Mixed Background	Asian or Asian British - Indian - Pakistani - Bangladeshi - Any Other Asian Background  Black or Black British - Black Caribbean - Black African - Any Other Black Background  Chinese  Any Other Ethnic Group  I do not wish an ethnic group to be recorded
Religion:-	
Nationality:-	
First/Home Language:-	
Other Language:-	

Health Problems (inc. diagnosed medical conditions)..... .....
In the event of a medical emergency I give permission to administer first aid <input type="checkbox"/> In the event of a medical emergency I give consent for school to call my doctor <input type="checkbox"/>
Is there anything that Nursery should be aware of? ..... .....

Session Preferred:      (morning 8.45 am – 11.45 am)                      (afternoon 12.30 pm - 3.30 pm)
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**I confirm that my child is attending Becket Primary School Nursery for 5 sessions, 15 hours per week (3 hours per day).**  
**I confirm that Becket Primary School may claim this amount of provision from the local authority.**

*If two providers claim for more than 5 sessions in total for my child and I have given any misleading information on this declaration I may be asked to reimburse one of the providers (voluntary/private/independent providers), or my child's place may be forfeited. I understand that checks on my claim will be made.*

Signed: ..... (Parent/Guardian/Carer) Date .....

Current legislation requires that school record the legal name if for any reason this is different from the name by which your child is known. The school will however respect the wishes of parents about the name to be used.

<b>For Office Use</b>		Class pupil admitted to	
Date of Admission		DOB Cert.No	
Date that records requested		Computer Admission	