John Burns Primary School

www.johnburnsprimary.co.uk
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Headteacher: Mr B Grogan BSc QTS NPQSL

Reception Enrolment Form 2026/2027

Please complete all of the sections below and return this form to the School Office.

INFORMATION ABOUT YOUR CHILD:

Surname …… Gender ……

Forenames (inc. middle names) …… Date of Birth ……..

HOME ADDRESS & CONTACT DETAILS

……

……..

Post Code …… Home Telephone Number ……

PARENTAL INFORMATION (please provide any additional contact details if different to the above)

First Parent Details:
Full Name: (Dr / Mr / Mrs / Miss / Ms)

……

Address ……

……

……

Home Phone No. ……

Work Phone No. ……

Mobile Phone No. ……

Email ……

Second Parent Details:
Full Name: (Dr / Mr /Mrs / Miss / Ms)

……

Address ……

……

……

Home Phone No. ……

Work Phone No. ……

Mobile Phone No. ……

Email ……

Please indicate who you would like to be the Primary Contact for your child: 1st Parent / 2nd Parent / Other

Who holds parental responsibility for this child: 1st Parent / 2nd Parent / Other / Both

If other please give full details (name, address, telephone, relationship to child) ……

……

……

Please provide details of any siblings incl. ages: ……

……

EMERGENCY CONTACTS Name and address of two other people who have agreed to take charge of your child if you are unavailable (this may be a relative, friend or neighbour).

1. Name (Dr / Mr / Mrs / Miss / Ms) ……

Relationship to Child ……

Address ……

…….. Post Code ……

Telephone …… Mobile ……

2. Name (Dr / Mr / Mrs / Miss / Ms) ……

Relationship to Child ……

Address ……

…….. Post Code ……

Telephone …… Mobile ……

MEDICAL DETAILS

GP Name …… GP Practice Name ……

Address …… Post Code ……

Telephone …… Child's NHS Number ……

Do you give permission for the school to call your child's Doctor in an emergency? Yes / No

Does your child suffer from any of the following? (please tick as appropriate):

□ Asthma / Bronchitis
□ Wheezing with colds or exercise
□ Ear trouble or poor hearing
□ Eye trouble (glasses, squint etc)
□ Other, please give details ……
□ Fits, faints, convulsions or blackouts
□ Allergies, hayfever or eczema
□ Speech difficulties
□ Poor co-ordination/balance

If you have ticked any of the above please give some brief details ……

……

Does your child take any regular medication? (inhalers, tablets, injections) Yes / No

If yes, please give details ……

Does your child attend hospital/therapy sessions on a regular basis? Yes / No

If yes, please give details ……

MEDICAL DETAILS continued.

Has your child any illness/injury requiring hospitalisation? Yes / No

If yes, please give details ……..

Do you have any worries about the following? (please tick as appropriate)

□ Health	□ Eyesight	□ Weight
□ Growth	□ Toilet problems	□ Bedwetting
□ Behaviour	□ Hearing	□ Coping at school
□ Speech	□ Eating	□ Learning ability
□ Poor co-ordination	□ Other	

Please give details ……..

SCHOOL MEALS

Please indicate the type of meal your child will be eating

□ School Dinners □ Packed Lunch

Please specify the foods your child <u>cannot</u> eat or any other dietary requirements below:

……

……

Currently all school children in Reception, Year 1 and Year 2 are eligible for Universal Free School Meals.

Children have access to water throughout the day.
A piece of fruit is currently provided for pupils in EYFS and Key Stage 1.
Information about ordering School Milk can be found in the enrolment pack.

OTHER INFORMATION

Is your child a 'Looked After Child' by a Local Authority? Yes / No

If yes, please state the Local Authority ……

Please indicate your child's usual method of travel to school: □ Walk □ Car □ Bus

SPECIAL EDUCATIONAL NEEDS

We will seek records from any previous setting as soon as a child has arrived at our school. It does, however, help to be aware of all relevant information before the pupil arrives so that we can be fully prepared.

Does your child have any disability? (if so please give details) Yes / No

……..

Does your child have Special Educational Needs? Yes / No

Does your child have an Education Health and Care Plan (EHCP)? Yes / No

Does your child have any support from outside agencies? Yes / No

If you would like to provide any further details please do: …….

……..

……..

PRE-SCHOOL/NURSERY INFORMATION

Has your child attended playgroup? Yes / No Date began ……..

Name of playgroup) ……

Number of terms part time …… full time ……

Has your child attended nursery school? Yes / No Date began ……..

Number of terms part time …… full time ……

Name of nursery ……

Any other pre-school arrangements……

PERSONAL DETAILS

1. Please indicate your child's abilities as per the table below:

	Yes	With Support	No
Put on his/her coat			
Take off his/her coat			
Put on his/her shoes			
Do up buttons			
Blow his/her nose			
Use the toilet independently			
Eat lunch with a knife and fork			
Hold a pencil correctly			

2. Is your child

□ Left handed □ Right handed □ Uses both hands

3. Can your child count objects on a table: □ No □ Up to 5 □ Up to 10 □ Up to 10 □ Up to 20

4. Can your child write his/her own name? Yes / No

ETHNIC/CULTURAL INFORMATION

Nationality …… Language(s) spoken at home ……

Religion/Denomination ……

Country of Birth ……

If your child was born overseas, what date did he/she come into the UK? ……

Ethnicity (please tick the correct box):

White: British		Asian: Indian	
White: Western European		Asian: Pakistani	
White: Eastern European		Asian: Other	
White: Other		Black: Caribbean	
Mixed: White & Asian		Black: Ghanaian	
Mixed: White & Black African		Black: Nigerian	
Mixed: White & Black Caribbean		Black: Somali	
Mixed: Other		Black: African	
Other: Chinese		Black: Other	
Other: Latin America			
Other		Prefer not to say	

ENROLMENT FORM DECLARATION

Form completed by …… Relationship to child ……

Signed …… Date ……