

ADMISSIONS PACK CHECKLIST.



This document can be used by admin teams, office managers and Early years leaders to ensure admissions packs provided to parents/carers contain all of the relevant information. Admissions packs could be in digital or hard format.

Link in Supporting Smooth Transitions Toolkit	Document	Reception	Nursery	Date sent
School administration documents				
	Home school agreement	✓	✓	
	Photo/Social Media Permissions	✓	✓	
	Permission to take part in local visits	✓	✓	
	Permission for medical treatment	✓	✓	
	Permission for parent/carer communication platform (e.g. 'Parentmail')	✓	✓	
6.1-6.2	Information sharing and parent/carer declaration	✓	✓	
	Parent/carer declaration to claim 15 free funded hours		✓	
	Parent/carer declaration to claim 30 hours		✓	
	Pupil premium information	✓		
	Early years pupil premium information		✓	
	Terms and Conditions	✓	✓	
	School's prospectus, if applicable	✓	✓	
	Dates for parent/carer induction meetings	✓	✓	
	Date and time of home visit	✓	✓	
	Induction timetable for children	✓	✓	
	School uniform supplier, if applicable	✓	✓	
	Information about the school's parent/carer association and local groups/networks for parents/carers	✓	✓	



Link in Supporting Smooth Transitions Toolkit	Document	Reception	Nursery	Date sent
Information for families				
51.1-53.2	Further support and information for parents/carers	✓	✓	
45.1-45.2	Parent/carers guide to home visits	✓	✓	
46.1-48.2	Hertfordshire libraries leaflet	✓	✓	
	Local community events being run over the holidays	✓	✓	
	Local parks and places to visit	✓	✓	
46.1-46.2	Life skills for little ones – Starting School or Nursery	✓	✓	
50.1	My child's first day of school	✓	✓	
	Information about the school's social media and website	✓	✓	
	Examples of school dinner menus	✓		
Information for the child				
	Welcome letter from the key person/class teacher	✓	✓	
55.1-55.2	My first visit	✓	✓	
56.1-56.2	The school's version of 'This is my school booklet'	✓	✓	
57.1-57.4	Transition activities	✓	✓	
58.1 & 60.1	Getting ready for school	✓	✓	

EXAMPLE ALLOCATIONS LETTER



Dear (insert parent/carers name)

We are delighted that (insert child's name) has been allocated a place in Reception at (insert school name) for September (insert year).

If you did not manage to view the school prior to application or would like a refresher tour, please get in touch with our admin team who will be happy to arrange this with you. (Insert admin email/contact number).

Documentation

We will require some documentation from you to enrol (insert child's name) by (insert date):

(amend as required)

- Proof of the child's legal name and date of birth
- Proof of your child's main address
- Utility bill
- Medical contact information (form included)
- Emergency contact information (form included)
- National Insurance Number (form included)

Please bring these to the school office (dates and times of operation). If you require any support, please do not hesitate to contact us.

Dates

Please see the list of dates of events that we would like to invite you and (insert child's name) to:

- Induction meeting for parents/carers (insert date and time) (provide any further details required)
- Stay and play sessions (insert dates and times) (provide any further details required)
- Transition day (insert date and time) (provide any further details required)

Should you feel that you or (insert child's name) will require any additional support with attending the dates above or you would like to discuss any other matters about transition or starting school, please contact the admin team who will be able to arrange a meeting with either myself or a member of the team such as the SENCo (insert name) or Early Years Leader (insert name).

We look forward to welcoming you and (insert child's name) to (insert school name). Please visit our school website for more information (insert school website).

Best wishes

Headteacher (insert name)



Emergency contact information for (insert child's name)

Emergency contact 1 (required)

Name _____

Relationship to child _____

Contact number _____

Email address _____

Emergency contact 2 (required)

Name _____

Relationship to child _____

Contact number _____

Email address _____

Medical contact

Doctor's name _____

Surgery address _____

Surgery contact number _____

Medical Needs

Does your child have any medical needs? **Yes** ☐ **No** ☐

If you selected **yes**, please indicate details below. A member of the team will be in contact to discuss this further. _____
