

# 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
<b>School administration documents</b>				
	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
<b>Information for families</b>				
52.1-53.1	Further support and information for parents/carers	✓	✓	
46.1-46.2	Parent/carers guide to home visits	✓	✓	
47.1-49.2	Hertfordshire libraries leaflet	✓	✓	
	Local community events being run over the holidays	✓	✓	
	Local parks and places to visit	✓	✓	
47.1-47.3	Life skills for little ones – Starting School or Nursery	✓	✓	
51.1	My child's first day of school	✓	✓	
	Information about the school's social media and website	✓	✓	
	Examples of school dinner menus	✓		
<b>Information for the child</b>				
	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	✓	✓	





### Emergency contact information for

\_\_\_\_\_

#### 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. \_\_\_\_\_

\_\_\_\_\_