

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 & 56.1	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				
54.1-55.1	Further support and information for parents/carers	✓	✓	
50.1-50.2	Parent/carer guide to home visits	✓	✓	
51.1-51.5	Hertfordshire libraries leaflet	✓	✓	
	Local community events being run over the holidays	✓	✓	
	Local parks and places to visit	✓	✓	
53.1	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	✓	✓	
58.1-58.2	My first visit	✓	✓	
59.1-59.2	The school's version of 'This is my school booklet'	✓	✓	
60.1-60.4	Transition activities	✓	✓	
51.1 & 63.1	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. -----
