

# NURSERY APPLICATION FORM

Please tick boxes where required



## Child's Personal Details

|  |             |                |
|--|-------------|----------------|
| Child's Surname  | Forenames   | Child Known As |
| Legal Surname  | Male/Female | Date of Birth  |
| Home address:  |             |                |
| Tel. No. Home:   | Email:      |                |
| First parent/carer's name – Parent living at same address as child |             |                |
| Second parent/carer's name   |             |                |
| Second parent/carer's address – if different from above            |             |                |
| Tel No. Home:  | Email:      |                |

Please ensure that your child's original birth certificate and your Council Tax statement accompany this application form. These will be returned to you.

|  |                          |          |                          |           |
|--|--------------------------|----------|--------------------------|-----------|
| Please indicate your session preference: | <input type="checkbox"/> | Morning  | <input type="checkbox"/> | Afternoon |
|  | <input type="checkbox"/> | 30 Hours |                          |           |

Is the child Looked After by (in the care of) the Local Authority?  Yes  No

If YES please name the Local Authority:

In order for the school to plan a programme for your child it would be helpful if you could complete the following where necessary. You do not have to do so but it may help your child.

Does your child have special educational needs?  Yes  No

It may be helpful to consider whether your child has difficulty in any of these areas:

Communication  Learning  Behavioural  Emotional

Social Development  Physical development

If your child does have any difficulties in the above areas please name any other agencies involved with your child.

The school is required by law to take disability into account in relation to the nursery admission process and the arrangements it makes for disabled pupils and potential pupils. This is so to avoid any child being discriminated against on the grounds of their disability in the allocation of nursery places or in the arrangements that are made within the nursery to provide for a child's disability. If you think that your child has a disability, please give full details of the disability and attach any supporting documentation to this application form. This can then be considered when places at the nursery are allocated and, if your child is admitted, in the arrangements made within the nursery to provide for your child's disability.

I understand that I should consider informing the school if my child becomes disabled in the future. I understand that the school's ability to make provision for my child's disability will be reduced if I do not inform the school of a disability.

The Governing Body reserves the right to verify the information given on this form. Any offer of a place will be on the basis that the information supplied is accurate and up to date.

I understand that I must make a separate application for a school place and that the offer of a place in this nursery does not give priority to an application that I may make for the school.

|                            |      |
|----------------------------|------|
| Signature of parent/carers | Date |
|----------------------------|------|

Personal information contained in this form is subject to the Data Protection Act 1998. Data may be exchanged with other Local Education Authorities where necessary as part of the admissions process.