



## NURSERY APPLICATION FORM

PLEASE USE BLOCK CAPITALS				
CHILD'S DETAILS				
First name:				
Middle name:				
Family name:				
Date of Birth:		Gender:	Male/Female	
Child's NHS number (please do not leave this blank)			/	
Your relationship to the child: (e.g. mother/father/carer/ stepmother/stepfather/social worker)				
Your child's pe	ermanent address (at time of applicat	ion):		
Children in Pul	Children in Public Care Yes/No			
Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?				
At risk				
Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)				
Special Educational Needs				
Does your child have a Statement of Special Educational Needs orYes/NoEducational Health and Care Plan (EHCP)?				
-	other child at this school, please he and date of birth:			
	ting child attends or has plicable) (e.g. Nursery/Playgroup)			

If you are eligible for 15 hours free childcare you will be allocated each morning session. Please tick any afternoon sessions you want to purchase.						
	Monday	Tuesday	Wednesday	Thursday	Friday	HOURS
AM						15 hours
РМ						

If applying for 30 hours free childcare (whole days at Nursery), please provide your HMRC code.			
If you have any other requirements please enter here:			
Please complete the details f	for both parents if living at	the same	e address:
	Parent/carer 1 details	F	Parent/carer 1 details
Title:			
Forename:			
Surname:			
DOB:			
National Insurance Number:			
National Asylum Support Service (NASS) Number (if applicable):			
Address:			
Email address:			
Telephone numbers	Daytime:		Daytime:
	Mobile		Mobile:
I confirm that the details supplied are correct to the best of my knowledge.			
Signature of parent/carer:			





## DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information will be held securely and will be used only for admission purposes.

I agree to Oakmere Primary School using this information to consider my application for a nursery place. I understand that if any part of this completed application form is found false the offer of a place will be withdrawn.

I understand that the completion of an application form does not guarantee a place in the nursery class.

I understand that, if offered a place in the nursery class, I will have to accept in writing by the given date. I also understand I will have to apply separately for a place in reception.

Signature of parent/guardian:	Date:

Thank you for completing this information. Please return to the school office.

Please bring in, with this application, proof of child's date of birth (valid passport or birth certificate) and proof of current address (Photo driving licence or utility bill/bank statement in the last 3 months). Original documents only, no copies.

**GDPR:** The information gathered here will be used for admission procedures and used to confirm your eligibility for 30 hours funding through the early years funding portal. It will be held in the school office and will only be accessible to school staff working with your child. It will be shredded when your child leaves the nursery.

	Date received	
OFFICE USE ONLY:	Date processed	
	Date allocated	