**NURSERY APPLICATON FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLEASE USE BLOCK CAPITALS** | | | | | | |
| **Child details** | | | | | | |
| **First Name:** |  | | |  | |  |
| **Middle Name:** |  | | |  | |  |
| **Family Name:** |  | | |  | |  |
| **Date of Birth:** | **/ /** | | | **Gender:** | | **Male/Female** |
| **NHS Number:** | | | | \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | |
| **Your relationship to the child:** *(Please state)* | | | |  | | |
| **Your child’s permanent address**  *(at time of application)* | | **Postcode:** | | | | |
| **Special Education Needs**  Does your child have an Educational Health and Care Plan *(EHCP)*? | | | | | **Yes/No** | |
| **At Risk**  Is your child, or 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)* | | | | | **Yes/No** | |
| **Children in Public Care**  Is your child looked after, or was previously looked after and is now adopted or has a child arrangement/special guardianship order? | | | | | **Yes/No** | |
| **Social or Medical Reasons**  Does your child have particular medical or social needs to go to this school?  *(Please provide supporting evidence with this form)* | | | | | **Yes/No** | |
| **If you have a sibling at this school, please**  **enter their name and date of birth:** | | |  | | | |
| **Early years setting child attends or has attended, including address and contact details (if applicable):** | | |  | | | |
| **If you have any other requirements, please enter here:** | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tick the days and times you want your child to attend:** | | | | | | | | | | |
|  | | **Monday** | | **Tuesday** | | **Wednesday** | | | **Thursday** | **Friday** |
| 8.45am-11.45pm | |  | |  | |  | | |  |  |
| 8.45am-12.45pm | |  | |  | |  | | |  |  |
| 8.45am-3.15pm | |  | |  | |  | | |  | Closed pm |
| **If applying for 30 hours free childcare, please provide your HMRC code:** | | | |  | | | | | | |
| **Please complete the details for both parents if living at the same address:** | | | | | | | | | | |
|  | **Parent/Carer 1 details** | | | | | | **Parent/Carer 2 details** | | | |
| **Title:** |  | | | | | |  | | | |
| **Forename:** |  | | | | | |  | | | |
| **Surname:** |  | | | | | |  | | | |
| **DOB:** |  | | | | | |  | | | |
| **National Insurance**  **Number:** |  | | | | | |  | | | |
| **National Asylum Support Service (NASS) Number**  **(if applicable):** |  | | | | | |  | | | |
| **Address:** |  | | | | | |  | | | |
| **Email Address:** |  | | | | | | | | | |
| **Daytime:** |  | | | | **Mobile:** | | |  | | |
| **I confirm that the details above are correct to the best of my knowledge** | | | | | | | | | | |
| **Signature of parent/carer:** | | |  | | | | | | | |
| **SCHOOL USE**  **ONLY:** | **Date Received:** | | |  | | | | | | |
| **Proof of DOB Seen:** | | |  | | | | | | |
| **Proof of Address Seen:** | | |  | | | | | | |
| **Distance:** | | |  | | | | | | |

**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 the local authority purposes.

I agree to The Wroxham School using this information to consider my application for a nursery place. I understand that is any part of this completed application form is found to be 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 apply separately for a place in Reception.

Signature of parent/carer:……………………………………………………………………………...

Date:……………………………………………………………………………………………………...

**Thank you for completing this information. Please return to the school office by Friday 12th March 2021.**