**NURSERY APPLICATON FORM**

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| **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:** |  |

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| **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.**