

Stapleford Primary School NURSERY APPLICATION FORM:



| PLEASE USE BLOCK CAPITALS | | | |
|---|--|---|---|
| Child details | | | |
| First name: | | | |
| Middle name: | | | |
| Family name: | | | |
| Date of Birth: | / | / | Gender: M/F |
| NHS number: | _ _ _ / _ _ _ / _ _ _ _ | | |
| Your relationship to the child: (e.g. mother/father/carer/ stepmother/father/ social worker) | | | |
| Your child's permanent address (at time of application) | | | |
| Address: | | | |
| | | | |
| | | | |
| | | | |
| Special Educational Needs <i>Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)?</i> | | | Yes/No |
| At risk <i>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)</i> | | | Yes/No |
| Children in Public Care <i>Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?</i> | | | Yes/No |
| Social or medical reasons <i>Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)</i> | | | Yes/No |
| If you have a sibling at this school, enter their name and date of birth: | | | |
| Early years setting child attends or has attended (if applicable) | | | |
| Attendance: | All nursery children are encouraged to attend five days a week (15 hours) to maximise learning opportunities | | |
| Stapleford Primary School do not offer 30 hours of nursery provision. | | | |

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: | | | |
| Telephone numbers | | | |
| Daytime: | | Mobile: | |
| I confirm that the details above are correct to the best of my knowledge. | | | |
| Signature of parent/carer: | | | |
| OFFICE USE ONLY: | Date Received: | | |
| | Distance: | | |