



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:		