



Stapleford Primary School NURSERY APPLICATION FORM:

Stapleford Primary School offer 15 and 30 hours of nursery provision.

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		
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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:		