

St Cuthbert with St Matthias CE Primary School
Nursery School Application Form for Academic Year September 2023

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

| CHILD'S DETAILS | |
|--|-------------------------------------|
| Child's Surname (Family name) | |
| Forename/s | |
| Date of Birth dd/mm/yy | Male or Female Please circle |
| Home address including postcode | |
| Previous or current nursery or Early Years provision | |

| PARENT/CARER DETAILS | | | |
|---|--------------------------------|--------------------------------|----|
| | 1 st Contact | 2 nd Contact | |
| Forename and Surname of parent/carer Please circle | Mr/Mrs/Ms Parent or Carer? | Mr/Mrs/Ms Parent or Carer? | |
| Do you have Parental Responsibility? | Yes or No Please circle | Yes or No Please circle | |
| Mobile number | | | |
| Email address – please write clearly | | | |
| Names and Date of Birth brothers/sisters currently attending our school | Name | Date of birth | |
| | | | |
| | | | |
| | | | |
| LOOKED AFTER BY LOCAL AUTHORITY, PREVIOUSLY LOOKED AFTER NOW ADOPTED, UNDER A CHILD ARRANGEMENT ORDER OR SPECIAL GUARDIANSHIP ORDER (see note 1) | | | |
| Please circle | | | |
| Is your child in the care of a Local Authority? | Yes | or | No |
| Previously looked after by a local authority and now adopted? | Yes | or | No |
| Under child arrangement order? | Yes | or | No |
| Under special guardianship order? | Yes | or | No |
| Please state which local authority the child is/was in the care of. | | | |

SPECIAL EDUCATIONAL NEEDS (SEN) or EDUCATION HEALTH AND CARE PLAN (EHCP) AND OTHER EXCEPTIONAL NEEDS

(See note 2)

Please circle

| | | |
|--|------------------------|--|
| <p>Does your child have a Statement of Special Needs or have an Education, Health and Care Plan (EHCP)?</p> | <p>Yes or No</p> | |
| <p>Has a request for a Statutory Assessment of SEN been agreed?</p> <p>If yes, please provide the name of your SEN keyworker</p> | <p>Yes or No</p> | <p>Name of Keyworker:</p> |
| <p>Does your child have a disability or special need that may require special attention or support but does not have a Statement of SEN or EHCP in place?</p> <p>(e.g. speech delay, mobility restrictions, a diagnosed condition that requires 1 to 1 support)</p> | <p>Yes or No</p> | <p>If yes, please provide brief details:</p> |

NURSERY PROVISION APPLIED FOR (see note 3)

| | |
|--|--------------------|
| <p>I wish to apply for a 30 hour funded place time place (9am – 3pm).</p> <p>If you think you are eligible please apply via the website www.childcarechoices.gov.uk</p> <p>I understand that if the school offers me a place I will need to provide the school with the code before the beginning of the term.</p> <p>I understand that if the school offers me a place I will need to reapply for a code and provide it to the school every 3 months.</p> <p>If you already have a code, please provide information below</p> <p>30 hour code _____</p> <p>NI Number Parent 1 _____</p> <p>NI Number Parent 2 (if applicable) _____</p> <p>Parent Name must be recorded on previous page</p> | <p>Please tick</p> |
| <p>I wish to apply for a full time place (9am – 3pm) with a top up fee of £1235 per term <i>(This fee covers the academic year 2023/2024, it may rise for the following academic year)</i></p> | <p>Please tick</p> |
| <p>I wish to apply for a part time place (9am – 12 noon) (12 noon to 3pm)</p> | <p>Please tick</p> |

| NURSERY EXTENDED DAY PROVISION APPLIED FOR (see note 4) | |
|--|---|
| I wish to apply for Nursery Breakfast Club place (from 7.30am – 8.45am). Please speak to the office for costs <i>(This cost covers the academic year 2023/2024, it may rise for the following academic year)</i> | Please tick |
| I wish to apply for Nursery After School Provision (3pm – 6pm) For full time places ONLY Please speak to the office for costs <i>(This cost covers the academic year 2023/2024, it may rise for the following academic year)</i> | Please tick |
| DECLARATION AND SIGNATURE OF PARENT/CARER | |
| <ul style="list-style-type: none"> I certify that I am the person with parental responsibility for the child I am applying for and the information given is true to the best of my knowledge and belief. I understand that any false or deliberately misleading information either given or withheld on this form, may render this application invalid or lead to the offer of a place being withdrawn. | |
| Parent's/carer's signature: Print name: | Date: Relationship to the child: |

Notes:

Note 1 - A 'Looked After' child is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services functions (see the definition in Section 22(1) of the Children Act 1989).

*Note 2: - You will need to indicate **Yes** or **No** in the section. In order for the school to adequately meet the needs of the children that are offered a place, any support that may be required is planned for in advance of admission.*

Note 3: - You are advised to read the Nursery school policy that sets out how places are considered before completing this form.

Note 4: - Breakfast Club cost includes a healthy breakfast and supervision, After School Provision cost includes a healthy lite bite, supervision and activities