## St Cuthbert with St Matthias CE Primary School

## Nursery School Application Form for Academic Year September 2024

## 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 <sup>st</sup> Contact		2 <sup>nd</sup>	Contact		
Forename and Surname	Mr/Mrs/Ms	Parent or Carer?	Mr/M	rs/Ms	Par	ent or Carer?
of parent/carer						
Please circle						
Do you have Parental	Yes or No	Please circle	Yes or	<sup>-</sup> No	Plea	ase circle
Responsibility?						
Mobile number						
Email address –						
please write clearly						
Names and Date of Birth	Name					Date of birth
brothers/sisters currently						
attending our school						
LOOKED AFTER BY LOCAL AUTHORITY, PREVIOUSLY LOOKED AFTER NOW ADOPTED, UNDER A CHILD ARRANGEMENT ORDER OR SPECIAL GUARDIANSHIP ORDER (see note 1)						
		DIANSIIII ONDER (SCCT		se circle		
Is your child in the care of a	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		
6						
Under special guardianship order?		Yes	or	No		
Please state which local aut	thority 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)	Pleas	e circle				
Does your child have a Statement of Special Needs of have an Education, Health and Care Plan (EHCP)?	Yes	or	No			
Has a request for a Statutory Assessment of SEN been agreed?	Yes	or	No	Name of Keyworker:		
If yes, please provide the name of your SEN keyworker						
Does your child have a disability or special need that may require special attention or support but <u>does not</u> have a Statement of SEN or EHCP in place?	Yes	or	No	If yes, please provide	brief details:	
(e.g. speech delay, mobility restrictions, a diagnosed condition that requires 1 to 1 support)						
NURSERY PROVISION APPLIED FO	NURSERY PROVISION APPLIED FOR (see note 3)					
I wish to apply for a 30 hour funded	place ti	me place	e (9am – 3.15pr	n).	Please tick	
If you think you are eligible please apply via the website <u>www.childcarechoices.gov.uk</u> I understand that if I the school offers me a place I will need to provide the school with						
the code <b>before</b> the beginning of the	term.		-			
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.						
If you already have a code, please pro	ovide inf	formatio	n below			
30 hour code						
NI Number Parent 1						
NI Number Parent 2 (if applicable) _						
Parent Name must be recorded on previous page						
I wish to apply for a full time place ( with a top up fee of £1235 per term (This fee covers the academic year 2 year)			y rise for the fo	llowing academic	Please tick	
I wish to apply for a part time place	(9am – :	12 noon	) (12 noon to 3p	om)	Please tick	

NURSERY EXTENDED DAY PROVISION APPLIED FOR (see note 4)					
I wish to apply for Nursery Breakfast Please speak to the office for costs	Please tick				
(This cost covers the academic year 2024/2025, it may rise for the following academic year)					
I wish to apply for Nursery After School Provision (3.15pm – 6.00pm)PleaseFor full time places ONLYPlease speak to the office for costs					
(This cost covers the academic year 2024/2025, it may rise for the following academic year)					
DECLARATION AND SIGNATURE OF PARENT/CARER					
<ul> <li>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.</li> <li>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.</li> </ul>					
Parent's/carer's signature:	Date:				
Print name:	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 light bite, supervision and activities