St Cuthbert with St Matthias CE Primary School

Nursery School Application Form

CHILD'S DETAILS							
Child's Surname (Family name)							
Forename/s							
Date of Birth					Male/Fema	le	
Home address including postcode							
Previous or current nursery or Early Years provision							
PARENT/CARER DETAILS	I						
Name of parent/carer	Parent/	/Carer 1 -	- Full Na	me	Parent/carer 2	– Full I	Name
Phone number(s)							
Email address							
Names and Date of Birth brothers/sisters currently attending the school	Name						Date of birth
LOOKED AFTER BY LOCAL AUTHOR ARRANGEMENT ORDER OR SPECIA						D, UND	PER A CHILD
Is your child in the care of a Local Authority?	Yes		No				
Previously looked after by a local authority and now adopted?	Yes		No				
Under child arrangement order?	Yes		No				
Under special guardianship order?	Yes		No				
Please state which local authority that the child is/was in the care of.							

SPECIAL EDUCATIONAL NEEDS (SEI	N) or EDUCATIO	N HEALTH AND (CARE PLAN (EHCP) ANI	D OTHER
EXCEPTIONAL NEEDS (See note 2)				
Does your child have a Statement of Special Needs of have an Education, Health and Care Plan (EHCP)?	Yes	No		
Has a request for a Statutory Assessment of SEN been agreed?	Yes	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	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 F	OR (see note 3	3)	1	
I wish to apply for a 30 hour funde	d place time pla	ace (9am – 3.15p	m).	Please tick
If you think you are eligible please a I understand that if I the school offe				
the code before the beginning of the	ne term.			
I understand that if the school offer provide it to the school every 3 mo	•	vill need to reapp	ly for a code and	
If you already have a code, please p	provide informat	tion below		
30 hour code				
NI Number Parent 1				
NI Number Parent 2 (if applicable)				
I wish to apply for a full time place with a top up fee of £900 per term	•)		Please tick
I wish to apply for a morning only	place (9am – 12	noon)		Please tick

At a cost of £1.75 per day	fast Club place (7.30am – 8.45pm).	Please tick
For full time places ONLY	School Provision (3.15pm – 6.00pm) Spm) or £12.00 (3.15pm – 6.00pm)	Please tick
DECLARATION AND SIGNATURE	OF PARENT/CARER	
I understand that any fall	rson with parental responsibility for the child to the best of my knowledge and belief. se or deliberately misleading information eith plication invalid or lead to the offer of a place	er given or withheld on this
Parent's/carer's signature:	Date:	

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