



**For official use**

Form received by \_\_\_\_\_

Date \_\_\_\_\_

Eligible for 2-year-old funding                      Yes                      No

Reference Number \_\_\_\_\_

Eligible for 30-hour funding                      Yes                      No

Reference Number \_\_\_\_\_

## Nursery school/unit Application Form

- Please note that completing this form does not guarantee a place.
- Please read the nursery school/unit admissions policy before completing this form
- The pupil's parent should fill in the form in block capitals then sign it.

Child's surname \_\_\_\_\_ Boy  Girl

Forenames \_\_\_\_\_ Date of birth \_\_\_\_\_

Birth certificate checked by school \_\_\_\_\_ Yes  No

Name by which child is to be called \_\_\_\_\_

Child's permanent address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Home telephone \_\_\_\_\_

Mother (*Mrs/Ms/Miss*) \_\_\_\_\_

Work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Father (*Mr*) \_\_\_\_\_

Work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Who has parental responsibility?** \_\_\_\_\_

Are you in the Armed Forces? Yes  No

Are you from the travelling community? Yes  No

What is your family's' home language? \_\_\_\_\_

What language does your child speak at home? \_\_\_\_\_

What language(s) do family members speak to your child? \_\_\_\_\_

Can any family members read or write a language other than English?

If yes, please give details \_\_\_\_\_

Does your child have Special Educational Needs? Yes  No

*If so please attach written evidence from a health professional, social worker, educational psychologist, Area Inclusion Officer, outreach worker or education welfare officer.*

Has your child been involved with Social Services, Speech Therapist, Educational Psychologist, Portage, Child and Family Guidance? Yes  No

Please indicate which one(s) \_\_\_\_\_

Does your child have any social needs? Yes  No

If so, please indicate \_\_\_\_\_  
*(please refer to nursery school/unit admissions policy)*

Health Visitor name and contact details \_\_\_\_\_

\_\_\_\_\_

**Custody Court Orders**

Are there any court orders affecting your child Yes  No

*Please specify (residence, contact, prohibited steps, specific issues)*

***Please show the school office the order so that a copy can be retained for our records***

Any involvement from Children Services / Social Worker Yes  No

*Please specify and contact details for Social Worker*

\_\_\_\_\_

**Other Information**

Please supply the name(s) and age(s) of any brothers and sisters (*if any*), including step-brothers and sisters living in the same family unit.

\_\_\_\_\_

Does your child have any siblings at our school? If so, what year group are they in?

\_\_\_\_\_

Do their siblings have any significant disabilities? (*if so, please state*) \_\_\_\_\_

\_\_\_\_\_

Position of child in family: (*for example: if the oldest he/she would be no 1*)

1  2  3  4  5  6  7  Other:

Any specific dietary needs \_\_\_\_\_

Religious beliefs \_\_\_\_\_

Festivals observed \_\_\_\_\_

**Preferred sessions**

The nursery is open from 8.40am to 3.20pm every day, and your child is entitled to attend for up to 15 hours a week. Please tick your preferred sessions and we will do our best to meet your requirements. **The pattern of attendance for children entitled to two-year-old funding are either 5 morning or 5 afternoon sessions.**

	Monday	Tuesday	Wednesday	Thursday	Friday
8.40am – 11.40am <b>3 Hours</b>					
12.20 – 3.20pm <b>3 Hours</b>					
8.40am – 3.20pm <b>6 Hours</b>					
<b>Total number of Hours maximum 15 Hours</b>					

Top up sessions will be considered on request at the cost of £5 per hour.  
Please tick the following box if top up sessions are of interest

\_\_\_\_\_

Thank you for your help in completing this information. Applications will be considered by the governors, in accordance with the admissions criteria, for places in the following academic year.

**I certify that the information I have given on this form is correct to the best of my knowledge. I understand that any place offered may be withdrawn if I deliberately give false information.**

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_

**Dear Parent/Carer**

The nursery is now able to offer nursery spaces to children when they turn two-and-a-half. We may be able to offer your child a place under the Two-Year-Old Funding entitlement.

The Nursery places for 2-year olds are only available if you are eligible to receive free funding for Early Years Education.

To check to see whether your child would be eligible for this place please access the link

<http://www.3.hants.gov.uk/childrens-services/childcare/parents/cis/eye/2-year-old-offer-2.htmnursery>

Once you have done the check, and if you are eligible, then please make a note of the **reference number** given to you as we are unable to offer your child a place without this.

If you are interested then please can you complete and return the slip below and return as soon as possible. Thank you.

Yours sincerely

Mrs Cave  
Head Teacher

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I am / am not interested in my child attending nursery under the Two-Year-Old Funding and qualify for the funding.

If yes:

My preference would be;- **Monday to Friday 8.40-11.40am**   
Or  
**Monday to Friday 12.20-3.20pm**

**I have done the eligibility check and my reference number is;-** \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_