

Nursery Application Form

Please take the completed application with the following documentation to the Nursery:

Proof of your home address Proof of your child's date of birth

NOTES

- Admission to a particular primary school is not determined by attendance at a particular nursery.
- The Local Authority (LA) works closely with nurseries to ensure that information received is correct. Any parent giving incorrect information may have their offer of a place withdrawn.

1. NAME OF CHILD

Family Name: First Name(s):

Home Address:

.....Postcode:

Nationality: Male: Female: Date of Birth:

Is the child Looked After (i.e in the care of a local authority/fostered)? **YES/NO**

Are you eligible for maximum Working Families' Tax Credit or in receipt of unemployment benefit or income support? **YES/NO**

Does your child have any of the following:

- Special Educational Needs (as identified by a relevant education professional)? **YES/NO**
- A severe and long-term medical need? **YES/NO**

If you have answered yes to either of the above, you **must** provide further information on the back of this form or on a separate sheet, together with copies of all relevant supporting documentation. You should also provide contact details of the relevant professional(s), e.g. your child's medical consultant or paediatrician, whom we will contact for additional information.

2. SIBLINGS – If there are other children who have attended/will be attending the nursery school when this child starts, please complete this section.

Name: Date of Birth:

Name: Date of Birth:

3. ADMISSIONS APPLICATIONS FROM OUTSIDE THE UK

Date of arrival in the UK: Length of stay in the UK:

Reason for being in the UK:

You will need to provide confirmation that the child is yours and that they are entitled to education in this country. Please attach a photocopy of your child's passport.

4. YOUR DETAILS

Title: Mr/Mrs/Miss/Ms/Dr First Name: Family Name:

Signature: Date of Birth*:

National Insurance Number*: National Assylum Seekers Reference:

Relationship to child:

Address: (if different from section 1):

..... Postcode:

Mobile telephone no: Home/Other contact no:

Email address:

Other Adult(s) with Parental Responsibility for the child. (Having parental responsibility for the child, means assuming all the rights, duties, powers, responsibility and authority that a parent of a child has by law). **(All adults with parental responsibility should sign this form, where possible.)**

Title: Mr/Mrs/Miss/Ms/Dr First Name: Family Name:

Signature: Date of Birth*:

National Insurance Number*: National Assylum Seekers Reference:

Relationship to child:

Address (if different from section 1):

..... Postcode:

Mobile telephone no: Home/Other contact no:

Email address:

The Data Protection Act and the Education (School Records) Regulations (1989) protect this strictly confidential information stored on the school’s student records database.

The sections marked * are non-compulsory. If supplied, this information will be shared with Cambridge County Council and other relevant bodies administering public funds including the Department for Education.

By signing this form, I/We give permission for the data to be shared as appropriate to enable: determination of the support available; verification of any entitlement to Education Welfare Benefit Service to confirm entitlement to education benefits.

For further information on the handling of personal data, please see a copy of the Privact Notice at www.cambridgeshire.gov.uk/privacy If you have any data protection queries, please contact the Data Protection Officer at data.protection@cambridgeshire.gov.uk

5. HOURS REQUIRED AT NURSERY

I wish to apply for: **15/30/Other** **hours** per week at Brunswick.

6. HOW DID YOU HEAR ABOUT US? (please circle any that apply):

Nursery Website County Council Website Leaflet Word of Mouth Other: