

Nursery Application Form

Please take/email the complete	d applica	tion with the following documentation to the Nursery:
Proof of your home address		Proof of your child's date of birth
	ely with nurs	determined by attendance at a particular nursery. series to ensure that information received is correct. Any parent giving incorrect ndrawn.
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 t	he care o	f a local authority/fostered)? YES/NO
Does your child have any of the	following	3:
• Special Educational Needs (as	identifie	d by a relevant education professional)? YES/NO
• A severe and long-term medi	cal need?	YES/NO
form or on a separate sheet, to	gether wi elevant pr	e above, you must provide further information on the back of this th copies of all relevant supporting documentation. You should also cofessional(s), e.g. your child's medical consultant or paediatrician, rmation.
SIBLINGS – If there are other ch starts, please complete this sec		no have attended/will be attending the nursery school when this chi
Name:		Date of Birth:
Name:		Date of Birth:
YOUR DETAILS		
Title: Mr/Mrs/Miss/Ms/Dr F	rst Name	: Family Name:
Signature:	Da	ate of Birth*:
National Insurance Number*:		National Assylum Seekers Reference:
Relationship to child:		
Address: (if different from section	on 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: Family Name:
Signat	rure: Date of Birth*:
Nation	nal Insurance Number*: National Assylum Seekers Reference:
Relatio	onship to child:
Addre	ss (if different from section 1):
	Postcode:
Mobil	e telephone no: Home/Other contact no:
Email	address:
ADMI	SSIONS APPLICATIONS FROM OUTSIDE THE UK
Date o	of arrival in the UK: Length of stay in the UK:
Reaso	n for being in the UK:
HOUR	RS REQUIRED
	to apply for: 15/30/Other hours per week at Brunswick

The General Data Protection Regulation (GDPR), provisions of the Data Protection Act 2018 (DPA 2018) 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 Education Welfare Benefit Service, Cambridgeshire County Council, and other relevant bodies administering public funds, who collect and use information about you so that we can provide your child(ren) with entitlement to education benefits under The Education Act 1996.

By signing this form, I confirm I understand that data will be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

Full details about how we use this data and the rights you have around this can be found in our Data Policy on our website, www.brunswick.cambs.sch.uk where you will also find our Privacy Notices. If you have any data protection queries, please contact our Data Protection Officer whose contact details are on our Privacy Notice.

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

Nursery Website County Council Website Leaflet Word of Mouth Other: