

Application Form

Please send the completed application with the	ne following documentation to the Nursery:
Proof of your home address Pro	oof of your child's date of birth
information may have their offer of a place withdraw	to ensure that information received is correct. Any parent giving incorrect
NAME OF CHILD	
Family Name:	First Name(s):
Home Address:	
	Postcode:
Nationality: Male	e: Female: Date of Birth:
Is the child Looked After (i.e in the care of a lo	ocal authority/fostered)? YES/NO
Does your child have any of the following:	
• Special Educational Needs (please provide	rurther information)? YES/NO
• A severe and long-term medical need? Y	ES/NO
form or on a separate sheet, together with co	ve, you must provide further information on the back of this pies of all relevant supporting documentation. You should also sional(s), e.g. your child's medical consultant or paediatrician, ion.
SIBLINGS – If there are other children who has starts, please complete this section.	ve attended/will be attending the nursery school when this child
Name:	Date of Birth:
Name:	Date of Birth:
YOUR DETAILS	
Title: Mr/Mrs/Miss/Ms/Dr First Name:	Family Name:
Signature: Date o	f Birth*:
National Insurance Number*:	National Asylum 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.)

Fitle: Mr/Mrs/Miss/Ms/Dr First Name: Family 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:
ADMISSIONS APPLICATIONS FROM OUTSIDE THE UK
Date of arrival in the UK: Length of stay in the UK:
Reason for being in the UK:
HOURS REQUIRED
wish to apply for: 15/30/Other hours per week at Brunswick.
Please indicate in the grid below which sessions you require. We cannot guarantee you will be offered the sessions you have requested but we will do our best to meet your needs.

Time	Session	Mon	Tues	Weds	Thurs	Fri
08.00 - 8.45	Breakfast club					
08.45 - 11.45	Morning					
11.45 - 12.45	Lunch (care & food)					
12.45 – 15.45	Afternoon					
15.45 – 17.15	After school club					

Droforra	d Start date	. •	

The UK General Data Protection Regulation (UK GDPR), provisions of the Data Protection Act 2018 (DPA 2018) and the Education (School Records) Regulations (1989) protect this strictly confidential personal data, 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: