



Standard Nursery Application Form

Please complete this application form and return it to the School Office along with your child's birth certificate, which we will copy for our records. Children can be admitted into our Nursery the term after their third birthday.

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| Child's surname: | | Child's forename: | |
| Date of birth: | | Gender: | |

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|---|--|--|-------------|
| Title | | | |
| Name of adult with parental responsibility: | | | |
| Relationship to child: | | | |
| Telephone contact number: | | | |
| Your email address: | | | |
| Home address: | | | |
| Postcode: | | | |
| Does your child live with you at this address? | Yes <input type="checkbox"/> | | |
| If no, please provide the address where your child lives: | No <input type="checkbox"/> | Address: | |
| Is your child in the care of their local authority? (Child In Care) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Please tick |
| Does your child have a sibling at Temple Meadow? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Please tick |
| If yes, please provide the name and date of birth of the sibling: | Sibling name: | | |
| | Date of birth: | | |
| Has your child attended any other Nursery, Early Years or Childcare Provision? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Please tick |
| If yes, please provide the name of the provision and dates attended from/to: | Name of provision: | | |
| | From: | To: | |
| Do you intend to apply for a Reception place at Temple Meadow? If not, where do you intend to apply for? | Temple Meadow <input type="checkbox"/> | Another school (please state where) <input type="checkbox"/> | |
| Does your child have a special educational need? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Please tick |

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| Does your child have an Education, Health and Care Plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Please tick |
| Do you consider that your child has a disability? If yes, please state the nature of the additional need and/or disability. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Please tick |
| Please give details of any other agencies involved with your child: | | | |

Please indicate with a tick (✓) which Nursery session you are eligible for:

| Standard Nursery Place | | | |
|--|---|--------------------|--|
| You are applying for a nursery place for your child who will start the term <u>after</u> their 3rd birthday. | | | |
| AM (8:45-11:45am) | | PM (12:30-15:30pm) | |
| 30 Hours (8:45am-15:30pm) | Please ensure that you are eligible before ticking this preference (you can find out if you are eligible by going to the below address). Please write your 30-hour code below. If you do not have this to hand, will be in contact to obtain your 30-hour offer code. www.gov.uk/30-hours-free-childcare My 30-hour code is: _____ My NI number is: _____ | | |

Please indicate with a tick (✓) when you would like your child to start Nursery:

| | | |
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| When would you like your child to start Nursery with us? (Earliest admission point is the term after your child's third birthday) | Intake 1 - the first week of the academic year in September | Intake 2 – by the last week in September |
| | Intake 3 - the first week back after the Christmas holiday | Intake 4 - the first week back after the Easter holiday |

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| Signature of Parent/Guardian: | |
| Date: | |