In order to be considered in the initial allocation of nursery places this form should be returned to Highfield South Farnham School as soon as possible.

- Please note that completing this form does not guarantee a place.
- Governors will consider applications received by the deadline date in accordance with the nursery class admission policy.
- Please read the nursery admissions policy before completing this form.
- Please fill in the form in block capitals then sign it.
- You will be notified by the school if your child has been allocated a place.
- Please contact the school if you have any questions concerning completion of this form.

1. Child's Details

Child's Last Name:			
Child's First & Middle Name:			
Child's Date of Birth:	//	Gender:	Male / Female
Child's Home Address: (this must be the child's normal place of residence and not a relative's or carer's address)		Po	stcode:
30hr Eligibility Reference Code			
2. <u>Preference details</u>	<u>!</u>		
Please indicate under which	n criterion you are applying for a nurse	ery school pl	ace:
(if the child is in public	Previously Looked After Children care of a Local Authority or has provide evidence with your form):	eviously bee	en in care, please state which
(E.g. does your child ha supported by Social Se Family Guidance? An a	ocial or medical need for a place at ave any special education needs, spervices, a Speech Therapist, Education application will not be considered und as such, please provide further details	cial social ne nal Psycholo er this criter	eeds or a disability? Are they ogist, Portage or Child and ion unless independent

Please provide the name(s) and date(s) of birth of sibling(s) below:					
	(O				
Parents'/Guardians'	Carers' Details				
Title:	Mr / Mrs / Miss / Ms /	Mr / Mrs / Miss / Ms /			
Last Name:					
First Name:					
	10.00				
Relationship to	Mother / Father / Step Parent / Foster Parent / Social Worker / Other family	Mother / Father / Step Parent / Foster Parent / Social Worker / Other family			
Child:	member / Other Contact*/ Other	member / Other Contact* / Other			
	Relative* *Please provide details	Relative* *Please provide details			
Occupation:					
Address:					
(if different from that					
of the child given overleaf)	Postcode:	Postcode:			
Daytime telephone					
number:					
Mobile telephone					
number:					
Email address:					
		•			

3. Where a child is expected to have a sibling attending the nursery or the main school at the

time of admission

Name and ages of all brothers and sisters (if any), including step brothers and sisters living in the same family unit.	2						
Please state if sibling will be attending this school at the date of admission for the applicant.	If yes, current name and class Name: Class:						
	2. 3.						
Is there any additional information you would like to share?							
The nursery operates sessions throughout the week. Our core hours run from 9am-3pm	Prefere	ence:					
Monday to Friday. We then offer additional breakfast (7:45-9:00) -BC and afterschool club - ASC (3:00pm-6:00pm).	Mon BC Mon ASC		Tues BC Tues ASC	Wed BC Wed ASC	Thurs BC Thurs ASC	Fri BC Fri ASC	
If your child attends a full day	700		AGC	700	700	AGG	
they will stay for lunch. We offer school dinners at a charge of £2.30 or alternatively your child can bring a packed lunch. Please tick the		hool nner	Packed Lunch				
appropriate box							
When is my child entitled to Nursery funding? Your child is entitled to 30hrs funding from the term after their third birthday. Extended hours are subject to availability and will be charged according to our Nursery tariff. Please complete an addition form to apply for extra hours.							
4. Parent/Carer Declaration and signature of Parent/Carer:							
I wish to apply for a place at and I have indicated the criterion under which I am applying							

Highfield South Farnham School is compliant with the General Data Protection Regulation which means we seek your specific consent to use the data we are collecting within this Admissions Form for the purposes as detailed within the Privacy Policy on the School website. We request that you sign this form to confirm that you are giving us your specific consent for the use of this data for the specific purposes outlined.

Signature of Parent/carer:	Date: